

# Homeopathy School International

## Application - Practitioner Certification Program

Please mail your completed application form, transcript, letter of intent and \$75 application fee to  
**Homeopathy School International, POB 20340, Boulder, CO 80308-3340.**  
Make checks payable to *Homeopathy School International*.

I am applying to the following option (Check one):

Two-year Resident       Two-year Distance Ed       Self-paced Distance Ed

\_\_\_\_\_  
First Name                      Last Name                      Gender      Birth Date      Birth Place

\_\_\_\_\_  
Address    City                      State                      ZIP Code

(\_\_\_\_\_)                      (\_\_\_\_\_)                      (\_\_\_\_\_)  
Home Phone                      Work Phone                      Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Social Security #                      Emergency Contact                      Emergency Phone Number

### EDUCATIONAL AND RELATED EXPERIENCES

\_\_\_\_\_  
Present Occupation    Year Graduated High School

\_\_\_\_\_  
Highest Degree Earned      Name of College or University\*

\*If no degree, Number of semester (quarter) units of earned college credit. \_\_\_\_\_  
Name of College or University \_\_\_\_\_

If you have not earned college credit please describe any experiences that may be equivalent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check any of the following college-level courses you have successfully completed (not required for admission).

Anatomy       Physiology       Human Pathology

List other degrees, certifications or related job/life experiences: \_\_\_\_\_

\_\_\_\_\_

# Homeopathy School International

If you have attended homeopathic courses or classes, please list date and instructor/institution:\*\*

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\*\*If you are seeking transfer credit for any formal homeopathic coursework, please attach a transcript.

List any experience you have had with homeopathic treatment.

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Identify any personal skills that would help you be a successful homeopath.

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Once you complete the HSI program, do you plan to establish practice as a homeopath? Yes No

Where did you learn about the *Homeopathy School International*? Please check all that apply.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Friend/family       | <input type="checkbox"/> Nexus magazine      | <input type="checkbox"/> Healing Path magazine | <input type="checkbox"/> Four Corners magazine |
| <input type="checkbox"/> Natural Healers.com | <input type="checkbox"/> Web search engine   | <input type="checkbox"/> Boulder Weekly        | <input type="checkbox"/> Phone Book            |
| <input type="checkbox"/> HSI mailing         | <input type="checkbox"/> Other, please list: |  |  |

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Mail the following to the *Homeopathy School International*, PO Box 20340, Boulder, CO 80308-3340.

- Completed HSI Application
- Letter describing your background and motivation for studying homeopathy.
- Photocopy of a college transcript, professional license or documentation of other educational/professional experience
- \$75 Application Fee (Make checks payable to the *Homeopathy School International*)

I verify that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date