

## **Application**

To register for the course, please send this completed application to [judithajohnson@mac.com](mailto:judithajohnson@mac.com) as a Word or PDF file. In addition, note that there is a \$100 registration fee, due with the application. This can be sent through paypal by pasting [paypal.me/j1johnson](https://www.paypal.me/j1johnson) in the address field of your browser and following the instructions.

It is recommended that you have at least two sessions with a PNE certified practitioner before taking the Practitioner Training Course.

### **Contact Information:**

Name:

Birthdate:

City, State & Zip:

Phone, Skype, etc:

E-mail:

### **Basic Resumé:**

Occupation:

Education:

Family:

### **Previous Experience with PNE or Other Healing Modalities**

Which practitioners have you worked with?

How many sessions have you had?

Which other types of therapies have you been involved with, as a client or practitioner?

Are you living some version of a regenerative lifestyle? (Please answer in detail.)

### **Medical Issues**

Do you have any active addictions that you're struggling with?

Are you taking anti-depressants or other prescription medications?

Are you seeing a counselor or mental health professional on a regular basis?

**Goals**

What are your goals for the Practitioner Training Course?

Why do you want to pursue this training?

Is there any information that is important for us to know about you that could affect your participation in this training?