

For the following questions, please type your response on a separate piece of paper and attach to your application. Include your name on the top of the sheet. Use as much space as you need.

10. List your work experience during the last five years. Begin with the present or most recent employment: include position, firm/agency, supervisor, when employed
11. List membership in any professional or scholastic organization.
12. List any licenses or certifications presently held.
13. Identify the types of services performed in voluntary, employment, or training experience in any are of a health related field. Include the number of months involved and a brief description of your duties or experiences.
14. Identify your major reasons for seeking admission to the Holistic Health Certificate Program including the personal or professional goals which you feel will be more obtainable through your participation in the program. Also, explain how and when you plan to use this training.
15. Do you have a personal commitment to wellness that is demonstrated in your daily activities? Please explain.
16. What work or life experiences have been most significant in the development of your personal and professional commitment to holistic health?
17. List any other courses you have completed or in which you are presently enrolled that are a part of the Holistic Health requirements.
18. List any holistic modalities in which you are trained.
19. Please have two individuals submit letters of reference in support of your application. The envelopes must be sealed and the authors signature must be written across the seal.

I authorize the Certificate Program in Holistic Health Care of Western Michigan University to request additional reference information form former employers or other listed in the application. The College of Health and Human Services is authorized to release information submitted in my application or acquired as part of the admission process to agencies in which field placement is being considered, and in response to personal/professional reference request directed to the College.

Signature _____
Date _____

Send completed application and letters of reference to:

Certificate Program in Holistic Health Care
1903 West Michigan Ave.
Western Michigan University
Kalamazoo MI. 49008-5212