

**Application/Registration Form
BotanoLogos 2010 Herbal Studies Certification Program**

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Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

E-mail Address _____

Daytime Phone: _____ **Evening:** _____

Current Occupation: _____

Date of Birth _____

___ I've enclosed a deposit check for \$250.00 made payable to BotanoLogos. I understand that my deposit will not be cashed until after my application has been accepted.

___ Please charge my deposit payment to my credit card. I have provided details below.

___ I plan to pay the remaining balance of the tuition (\$1950.00) at the first class on February 27, 2010.

___ I am interested in setting up a custom payment plan to finance the balance of my tuition payment. Please send me more information.

___ I am interested about the possibility of a work exchange or barter for partial payment of my tuition. Please send me more information.

Credit Card (Visa or MasterCard) Information:

Name on Card: _____ Card Number: _____ Exp. Date: _____

Billing Address (if different from address provided above):

Street/PO Box: _____

City: _____ State: _____ Zip: _____

Everything included on this application is true to the best of my knowledge.

Signature _____ **Date** _____

RETURN TO: BotanoLogos School for Herbal Studies, PO Box W, Mountain City, GA 30562

Please answer the following questions in as much detail as possible. If you like you may write your answers on a separate page and attach it to this form. PLEASE type or print legibly.

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How did you hear about our Program?

How do you plan to use the information you'll gain in this Program?

Have you studied herbalism before? Please describe your studies, both formal and informal.

Are you trained in any healing modality such as massage, nutrition, aromatherapy, flower essences, homeopathic medicine, etc.? Please describe your training and practice in as much detail as possible.

Do you have any formal medical training or license (nurse, doctor, veterinarian, licensed acupuncturist, pharmacist, etc.)? Please provide detailed information on your medical training and practice.

Are you able to walk steadily a distance of up to two miles on uneven ground? ___ Yes ___ No

Would your doctor or other health care provider approve of your participation in activities that involve hiking with a day pack for several miles at a time? ___ Yes ___ No

If not, please explain:

Do you have any physical limitations that might limit your ability to participate in this program?

Are you comfortable spending time with diverse groups of people who may have cultural, spiritual and political values radically different from yours?

Yes ___ Please describe your perspective.

No ___ Please describe your perspective.

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When faced with your own health care challenges such as colds, injuries, headaches, fatigue, what is your usual way of taking care of yourself? Please give some examples from the past year of your life.

What is your personal definition of health and healing?

Thank you! Please return your completed application along with your deposit to the address below.