

Essential Certification Application Form



Please print out, fill out and include this form in your certification application package.

Name: _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

Date submitted:

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Thai Yoga Massage 1		Thai Yoga Massage 2	
Date completed:		Date completed:	
Location:		Location:	
Please enclose photocopied documentation for each of the following:			
Level 1 supervision	Date:	Instructor:	
Level 2 supervision	Date:	Instructor:	
Number of Documented Massages enclosed:		Hours of Internship enclosed:	
<p>For each level 15 Documented Massages are required, plus 15 hours of Internship. Per certification, one Supervision is required. (Students outside of Montreal or greater Montreal area are required to do an additional 10 documented massages per level if a supervision is not possible.)</p> <ul style="list-style-type: none"> To document the massages, you may download the one-page Health Questionnaire on our website. 			

Payment method (please check):	Certificate only (\$50 USD/CAD)	Practitioner Listing (\$100 USD/CAD)
Paid in-office	<input type="checkbox"/>	<input type="checkbox"/>
Cheque or money order enclosed	<input type="checkbox"/>	<input type="checkbox"/>

Practitioner Listing: The following information is needed for the Practitioner Page on www.lotuspalm.com

Name for listing:	Email address:
City / town / region:	Web site:
Phone number:	

FOR OFFICE USE ONLY	
APPROVED <input type="checkbox"/>	DATE (MM/DD/YY) _____
CERTIFICATE SENT OUT <input type="checkbox"/>	DATE (MM/DD/YY) _____
BY _____	