

# SCHERER INSTITUTE *of* NATURAL HEALING

## Application for Specialization Programs

Information on this form will be kept strictly confidential within our staff. It is requested so that we can better determine and meet your needs as a student.

Please check the program(s) or class you are applying for:

100-hour Healing Presence and Intuition

300-hour Holistic Medical Massage

100-hour Zen Shiatsu

150-hour Stages of Life: Essential Nurturing

**Name**

**Address**

**E-mail**

**City**

**State**

**Zip**

**Phone**

Male

Female

**Date of birth**

**Massage and/or Bodywork training and licensures, if applicable:**

**Please tell us why you are interested in attending this program/course.**

### Health Information

*We will request your written permission to speak with your health care provider if necessary.*

Please describe any previous or current medical or psychological conditions that might affect your participation in the course you are registering for. Please include surgeries, injuries, medical treatments, and current medications.

The information on this form is true and complete to the best of my knowledge. I agree to not hold the school, instructors, or students responsible for an injury caused due to my failure to disclose any medical conditions. Should there be any change in the content of the information I have given here, including my medical condition, I will immediately notify the administration and/or instructors.

**Signature**

**Date**

**Return this form to: Scherer Institute of Natural Healing, PO Box 5737 Santa Fe, NM 87502-5737,  
or email to [info@schererinstitute.com](mailto:info@schererinstitute.com)** (Signature may be added later.)

*The Institute reserves the right to make changes in the program, staff, and general layout in order to adjust to State licensing guidelines and to student and staff evaluations.*