



Application for admission to  
**NEURO SOMATIC INTEGRATION: A RESILIENCE PROCESS**  
Practitioner Training Program

Quarter/Year \_\_\_\_\_

**All application information is confidential. All application materials, once submitted, are the property of IIHCA and cannot be returned to the applicant.**

**INSTRUCTIONS** (Please read carefully): IIHCA requires that all documents be assembled **prior** to submission of the application. Thus, only **complete** applications will be processed. Please use the checklist below to make sure that all requirements have been met. Please print or type throughout and use additional pages, if necessary.

- \_\_\_\_ Completed Application Form
- \_\_\_\_ \$200 non-refundable application fee
- \_\_\_\_ A Personal Statement (typed or written essay, 1-3 pages)
- \_\_\_\_ Three letters of recommendation
- \_\_\_\_ Two (2) photographs. Informal photos are acceptable

**PERSONAL INFORMATION**

*Please print or type*

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: CELL \_\_\_\_\_ HOME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY:

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## EDUCATION

*(Please attach transcripts/certificates)*

Name of Institution	From	To	Major
Degree/diploma or # of units			


## WORK EXPERIENCE

From	To	Hrs per week	Position	Organization
Month/Year	Month /Year			


Do you understand that programs at IIHCA require additional hours per week of study beyond class time? Yes No

Have you ever been dropped, suspended or expelled from any school/college? Yes No  
If yes, please explain.

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Are you in good physical health, with no problem that would prevent you from giving and/or receiving bodywork? Yes No If no, please explain

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Have you ever been compelled to interrupt your work or study for a substantial period of time, or substantially reduce your workload because of physical handicaps, illness or emotional difficulties? Yes No If yes, please explain

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**Personal Statement:** The nature and demands of Neuro Somatic Integration require personal attributes and motivation which compliment intellectual abilities. To enable us to evaluate these qualities, you are asked to prepare a confidential personal statement as part of your application, describing your motivation for entering this field. The statement should be 1-3 pages typed or neatly written on 8 1/2" x 11" paper, double spaced, and submitted with this application form. Other Information: Please indicate any additional information you believe would be helpful to us in considering your application. Please respond to one of the four prompts below or create your own.

- 1) Part of working with others in a therapeutic context is being willing to see yourself and your own biases. The first step in learning this process is self-awareness. What experiences in your life helped you discover emotional growth and maturity?
- 2) How well do you know yourself; how well do you see your behavioral and emotional patterns? How do you experience yourself physically, emotionally, intellectually, and spiritually, and how will you connect this to your practice?
- 3) Define "Body Alienation/Self Hatred" in your own words. How do you see it manifested?
- 4) What are your goals related to completing this program? Where do you see yourself in five years?

**I HEREBY MAKE APPLICATION TO THE INTERNATIONAL INSTITUTE OF HEALING AND CULTURAL ARTS AND I DECLARE THAT THE INFORMATION AND ALL SUPPORTING DOCUMENTS SUBMITTED BY ME ARE TRUE AND CORRECT, AND THAT ANY PERSONAL STATEMENTS WERE WHOLLY COMPOSED BY ME. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY IIHCA OF ANY CHANGES REGARDING MY APPLICATION.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Office Use Only

Date received \_\_\_\_\_ Application fee \_\_\_\_\_ Date paid \_\_\_\_\_ Receipt # \_\_\_\_\_

Notes \_\_\_\_\_

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