



Application for OHT Training Program

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Profession: \_\_\_\_\_ Are You Licensed? Y N

Highest Degree: \_\_\_\_\_ Date Received \_\_\_\_\_

How did you hear about OHT?

\_\_\_\_\_

Why do you want to sign up for this training?

\_\_\_\_\_  
\_\_\_\_\_

What do you expect to get from this training?

\_\_\_\_\_  
\_\_\_\_\_

How do you see this training influencing the work you are doing in your current practice?

\_\_\_\_\_  
\_\_\_\_\_

Do you consider yourself a healer? If so, how do you incorporate healing you're your practice or profession?

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Professional Status/Training

Are you currently practicing in the profession listed above?    Y    N

Do you have current Malpractice Insurance for this profession?    Y    N

Does your occupation involve counseling?    Y    N

How long have you been practicing? \_\_\_\_\_

Style of practice: Orientation \_\_\_\_\_

Techniques used \_\_\_\_\_

Trainings/Workshops/Conferences Attended in Past Year:

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Background in Energetic Work

Have you ever received energy work?    Y    N

Do you know how to feel the energetic field?    Y    N

Have you ever worked with a person's energy field?    Y    N

What kinds of energy work are you trained in? \_\_\_\_\_

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PLEASE FAX COMPLETED APPLICATION TO: (631) 754-6054

*Orionic Harmonizing Therapy*™  
www.orionicht.com