

Kinesiology Training

List Kinesiology course(s) or other relevant training(s) you have attended. Please attach an additional list if there is not enough space provided.

<u>Name of Training</u>	<u>Location</u>	<u>Dates of Attendance</u>	<u>Instructor(s)</u>

Clinical Experience

Please describe any clinical experience you may have.

Licensure

Do you have a license to practice in a clinical setting? ___ Yes ___ No

If yes, list type of license, dates and license numbers.

<u>Type of License</u>	<u>Dates</u>	<u>License Number</u>
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Have you ever been involved in a malpractice suit? ___ Yes ___ No

If yes, please give the date and nature of the case(s) and status of the suit, i.e. open, dismissed, closed with payment.

<u>Date</u>	<u>Nature of Case</u>
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Have you ever been convicted of a crime in the past 7 years (you are not obligated to disclose sealed or expunged criminal records)? ___ Yes ___ No

If yes, please explain:

References

Please provide the name and contact information for 2 references.

<u>Name</u>	<u>Title</u>	<u>Phone Number / E-mail Address</u>
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1) _____

2) _____

Statement of Intent

Please attach a document explaining your reason for interest in this position (please limit to 1 page).

Employment History

Please attach your C.V. or resume detailing your past employment.

Signature

I certify that all the information contained in this application is correct and to the best of my knowledge. I authorize the Lydian Center for Innovative Medicine to contact the persons listed as references.

(signature)

(date)

(printed name)