

# **Lotus Blossom Wellness Associate Polarity Practitioner Application**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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

Mailing address \_\_\_\_\_

\_\_\_\_\_

Educational degrees and dates: \_\_\_\_\_

Please answer the following: (Use extra paper if needed.)

I. What led you to study Polarity Therapy?

II. Describe any other experience in bodywork, healing, or energy based therapies or disciplines.

III. What are your goals relevant to this training?

IV. Describe your learning needs to help us support your development.

V. Describe the gifts that you bring to the group.

VI. List below any significant health history or current health problems.

**Please enclose letter of intention, two reference letters, and application fee of \$50. (Nonrefundable) Make checks to Lotus Blossom Wellness. (Cash is welcome, you can drop it by) Mail or bring by the office:**



**Lotus Blossom Wellness 3500 Westgate Dr. Suite 504E  
Durham, NC 27707  
919-490-4656 ext.6**