

**NICKERSON INSTITUTE**  
*of*  
*Integrative Health Training*

**Integrative Health Coach Training Program**

Initial Interest Application

Date: \_\_\_\_\_

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

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

\_\_\_\_\_

Birthdate: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Education: \_\_\_\_\_

\_\_\_\_\_

Medical conditions: \_\_\_\_\_

\_\_\_\_\_

Previous experience: \_\_\_\_\_

\_\_\_\_\_

**Please explain your interest in this program in the space below - including information related to how you would like to apply it in your life/career. How do you think this program would help you make a difference in the quality of life of others? Tell me about your interest in mind-body-spirit health and wellness. Please feel free to use the additional page below.**