

# **NICKERSON INSTITUTE**

*of*

## *Integrative Health Training*

### **Integrative Health Coach Training Program**

#### Guidelines and Consent

I, (name) \_\_\_\_\_

from (address) \_\_\_\_\_

understand and agree to the guidelines pertaining to the Certified Integrative Health Coach Training Program offered by Dr. Wendy Nickerson of Nickerson Institute of Integrative Health Training.

- I agree that I have arranged to participate in the virtual Certified Integrative Health Coach Training Program and I understand the following payment options:
  - \$3299 USD if paid in full 30 days before the start of the program either via Paypal (credit card) or a bank e-transfer send to drwendynickerson@gmail.com
- OR
- 4 consecutive payments of \$850 USD starting on the day that you register for the program, and then every 4 weeks for the following 3 months thereafter. These payments will be set up through automatic payment in Paypal. The total for this payment arrangement is \$3400 USD.
- I agree that I have a passion for the mental and physical health of myself and others and hold a strong desire to help others reach their optimal levels of mental and physical health.
- I understand that the focus of this course is integrative mind, body, and spirit health, with a strong focus on psychological and emotional healing and wellbeing.
- I understand that this course in and of itself does not permit me to provide psychological therapy with clients or patients.
- I agree that upon completion of this course that I will abide by and conduct myself using the highest standards of ethics and guidelines provided for Health Coaching.
- I understand that this program is a 15-week virtual mode of study and interaction and I require a computer and a webcam to complete all assignments.

- I understand that I will receive access to the online platform for the course after payment is received and before the course begins. This access provides an overview of the weekly topics of the course; and a more in-depth topic review, resources, and assignments for each week.
- I agree to participate in the weekly live webinars on Mondays as this is an intricate and important component of this program. If I am not able to be available on a specific Monday, I will notify Dr. Nickerson in advance to receive the recording for that week. If I miss more than two live webinars, I agree that I will do a make-up session with Dr. Nickerson in lieu of the third missed webinar. If I miss more than three live webinars, I agree that I will end my participation in the program for this semester and join in on the program where I left off, during the following semester.
- I understand that I will be offered 4 follow up live webinars after my completion of the course, designed to provide me support and direction upon my graduation of this course.
- If for any reason I am not able to continue with the course, I will be given an opportunity to complete the course within 12 months, however I realize that no refunds will be offered.
- I understand that the course material is private property and copyrighted and I will not share this material without the written consent of the owner, Dr. Wendy Nickerson.

---

Participant's Name and Signature

---

Date

**Note** – if you do not have an electronic signature, please sign and scan this document and email to [training@NickersonInstitute.com](mailto:training@NickersonInstitute.com)