

Western Institute of Natural Healing

190 Burgess Drive
Castle Rock, Colorado 80104
Voice: 303•688•0347
Email: steve@vibrantpath.com

Admission Application

Name _____ Date of Birth _____

Address _____ email _____

City, State, ZIP _____

Home Phone _____ Cell _____ Work _____

In emergency, contact: Name _____

Phone _____

Relationship _____

1. ___ Prepare and submit a three-page paper introducing yourself. Please include a discussion around an area of personal transformation, taking into account various aspects of your evolution in mind, body, and spirit. In addition, please incorporate a brief self-evaluation of your personal health. A portion of the paper should address your motivations for seeking admission to WINH and your visions for the use of your QE training in the future.

2. ___ Describe your personal experience with Quantum Energetics. ***It is a prerequisite of all students at WINH that they are substantially completed with treatments from a QE practitioner.***

3. ___ Send the *Practitioner's Recommendation*, page 2 (or a copy), to your QE practitioner for her or him to complete and return to WINH. Make certain that you have completed and signed SECTION I on that form before giving it to your practitioner.

4. ___ Request that two letters of recommendation be sent to WINH; Attention, Steve Vanden Heuvel. The letters should address your general character, your strengths and weaknesses, and your ability to prepare for and work in non-traditional healing arts. These may NOT be from your Quantum Energetics practitioner (see item 3 above).

5. ___ Schedule a telephone and/or a personal interview with Raedene Vanden Heuvel, primary instructor for WINH. She may also be reached at 303-688-0347. We recommend that you call or email her in advance, in order to schedule an interview time.

6. ___ Submit photocopy records of all your previous post-secondary training, including schools, seminars, etc. Photocopies of transcripts are acceptable. They **do not** have to be official transcripts.

7. ___ Enclose the **payment options** sheet (page 3), indicating your choice of payment plan.

Please sign below and return this page to WINH, with a \$40 (*non-refundable*) application fee.

Applicant's Signature _____ Date _____

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Practitioner's Recommendation

(CONFIDENTIAL)

SECTION I (to be completed by applicant)

Name _____

_____ I waive my right to examine this completed recommendation form.

_____ I DO NOT waive my right to examine this completed recommendation form.

 Applicant's Signature

NOTE to QE Practitioner:

*This recommendation form may be shown to the applicant if he or she **DID NOT** waive the right to examine it.*

SECTION II (to be completed by the applicant's QE Practitioner)

Please evaluate the above named applicant for admission to The Western Institute of Natural Healing.

1. For how long _____ and in what capacity have you known the applicant?

2. Has the applicant been taken completely through the QE work? _____ Is s/he intact? _____

What is the highest MSA you have completed with him/her? _____

3. Rate the applicant on as many of the following as possible:

	EXCELLENT	GOOD	FAIR	POOR	N/A	COMMENTS
Understands QET concepts	_____	_____	_____	_____	_____	
Muscle Testing	_____	_____	_____	_____	_____	
Communication skills	_____	_____	_____	_____	_____	
Initiative	_____	_____	_____	_____	_____	
Assertiveness	_____	_____	_____	_____	_____	
Perseverance	_____	_____	_____	_____	_____	
Leadership	_____	_____	_____	_____	_____	
Integrity/Ethics	_____	_____	_____	_____	_____	
Personal Presence	_____	_____	_____	_____	_____	
Emotional stability	_____	_____	_____	_____	_____	
Psychological Clarity	_____	_____	_____	_____	_____	
Other _____	_____	_____	_____	_____	_____	

NOTE: *The Practitioner is encouraged to use the back of this form for any additional comments or remarks.*

QE Practitioner's signature: _____ Date: _____

City, State _____ Phone: _____

Practitioner: Please mail DIRECTLY to WINH. Thank you for your PROMPT response.

Payment Options

Please note the various payment options available to you. Check the option that works best for you for this semester only, and enclose this sheet along with your application form. If you have any questions or comments, please contact Steve Vanden Heuvel at 303-688-0347 (email: steve@vibrantpath.com)

Dear Steve,

I have checked the **tuition payment option** that works for me this semester:

1. _____ Tuition Payment at registration deadline: **\$1875**. (*Materials or graduation fees not included*)
2. _____ Full tuition payment after deadline, and before classes begin: **additional \$25**.
3. _____ Payment 30-45 days in advance of registration deadline: **\$1800**. (\$75 savings)
A Great Deal!
4. _____ Payment on **\$725 - \$725 - \$425** plan: additional one-time \$40 fee. (*note: the \$40 fee will be included in your 1st payment, for a total of \$765*)
5. _____ Payment **by the month**: additional \$25/mo. (\$300/yr additional, maximum)
(*My tuition payment will be \$ _____/month for _____ months, plus an additional \$25/mo., for a total of \$ _____ per month*)

(signed)

Date: _____
(date)