

**Western Institute of Natural Healing**  
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Castle Rock, Colorado 80104  
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# Practitioner's Recommendation

(CONFIDENTIAL)

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## 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.*

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

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