

The College of Botanical Healing Arts

The Essential Oil/Herbal Practitioner Certification Program

APPLICATION FOR ENROLLMENT

Today's Date: _____

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell: () _____

Email Address: _____

How did you hear about COBHA? _____

EMERGENCY NOTIFICATION:

Name: _____

Relationship: _____

Address: _____

Phone 1: () _____

Phone 2: () _____

EMPLOYMENT INFORMATION (circle one)

Are you currently employed? Yes ___ No ___ Full / Part-time ___ Self-employed ___

Employers Name: _____

Address: _____ Phone: () _____

How did you first become interested in plant medicine i.e. essential oils?

Do you plan to take the entire 440-hr program or just Level I? _____

How do you plan to pay for this course? All at once ___ Payment Plan) _____

EDUCATION

Did you graduate from High School? Yes ___ No ___ G.E.D. ___ Year graduated: _____

Name of High School: _____ City: _____ State: _____

Did you attend College? Yes ___ No ___

Name of College: _____ City: _____ State: _____

Year graduated: _____

Do you have any educational background in the following?

Botany ___ Physiology ___ Anatomy ___ Chemistry ___

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Are you currently working in a Health Care profession? If so list type.

Yes ____ No ____

Any Vocational Education? if so please describe:

Name of Vocational School/College?

Did you complete the course? Yes ____ No ____ Year: _____

What other types of training have you had in Healing Therapies? (year: _____)

Have you ever had experience working on "Case Studies"? Yes ____ No ____

Have you completed any courses taught in Aromatherapy? Yes ____ No ____

Name of School: _____ Instructor: _____

Number of hours: _____

If you think you have enough information to challenge our Level I course, and would like to bypass it would you be interested in taking the Level I exam? Yes ____ No ____

(If you do choose to challenge the course the exam fee is \$75, non-refundable, pass or fail.)

Do you recognize the amount of time necessary to complete the course schedule, and do you have the time to commit to it? Yes ____ No ____

What do you hope to accomplish with essential oils upon completion of the course curriculum?

Are you interested in becoming an Essential Oils Practitioner?

Yes ____ No ____

HEALTH INFORMATION

Is there any reason, physical or mental or otherwise, that you could not complete the requirements of the course in which you are enrolling? Yes ____ No ____

Do you need any accommodation under the Americans with Disabilities Act? Yes ____ No ____

Any additional information that you feel is important to let us know, at this time, regarding your health or lifestyle? Yes ____ No ____

SUBMISSIONS

Please bring the following to the COBHA office at the time of interview:

- 1) A short autobiography of yourself describing your intentions and goals.
- 2) A current photo of yourself for our files.
- 3) Two brief letters of character reference, whom we may contact for reference.
- 4) A non-refundable application fee of \$50.