

Integrative Medicine Education Program Application

Institute for Health & Healing
California Pacific Medical Center

Specialty (check one)

Guided Imagery/Expressive Arts
Healing Harp
Holistic Nursing
Massage Therapy

Contact Information

Name:

Address:

Email:

Phone:

Fax:

Questions

Please answer these questions on a separate sheet.

1. How did you hear about this program? (100 words or less)
2. What gifts and talents will you bring to the program? (100 words or less)
3. What do you seek? (100 words or less)
4. Describe any work that you have done as part of a team. (100 words or less)
5. Education including additional discipline specific training.

Please provide school name, location, major and degree for:

- a. High School
- b. College
- c. Graduate School
- d. Specialty
- e. Discipline

References

Please attach two professional letters of reference and a résumé, and provide two professional references that are familiar with your work.

Reference 1: Name:

Address:

Phone:

Relationship:

Reference 2: Name:

Address:

Phone:

Relationship:

Additional Training/Internships

Please provide other training or internship settings you have completed.

Agency 1:

Address:

Supervisor:

Phone:

Dates:

Agency 2:

Address:

Supervisor:

Phone:

Dates:

May we contact your previous teachers/supervisors? Yes No

Applicant Signature

Date

Thank you for your time in completing this application. Please submit your application with a \$65 application fee payable to Sutter West Bay Hospitals (SWBH).



Institute for Health & Healing
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