

被我翻译

## Science of Effective Energies

### Admission Form

Please send admission form, recent CV, recent photo  
and professional documents to [admission@see.school](mailto:admission@see.school)

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Name:

Email:

Address:

Date of birth:

Birth place:

Birth time:

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### Practice Details

Years in professional practice:

Private practice

Group practice

Institutional employment

Number of clients per week:

Are you able to comfortably live on your practice income?      Yes      No

Do you have dependents?      Yes      No      If so, how many?

Do you practice a certain style of Chinese Medicine? If so, please explain:

Do you discuss nutrition and lifestyle with your clients?      Yes      No

Do you maintain a healthy nutrition for your own health and wellness?      Yes      No

Please describe your current outlook on nutritional health and wellness:

How do you specifically work with this model, if at all?

Do you practice movement and wellness therapies?      Yes      No  
If yes, please describe your practice:

Do you discuss and/or instruct movement therapies with your clients?      Yes      No  
If yes, please describe your methods:

Do you meditate regularly?      Yes      No  
If yes, at what regularity and at what duration?

Do you teach meditation to your clients?      Yes      No  
If yes, what methods are you using for instruction?