

MIND BODY MEDICINE ASSOCIATION COACHING CERTIFICATION PROGRAM

P.O. Box 12423, Dallas, TX 75225
214-686-5118

APPLICATION

Requirements:

1. **Application & Fee:** Complete the application form and submit the non-refundable application fee (\$125.00 check payable to MBM Association).
2. **Credentials:** Evidence of a valid license, certification or registration as a physical or mental health practitioner providing services. A photocopy of the applicant's license/certification/registration (or equivalent for those who practice in a location that does not require licensure, certification or registry) is required.
3. **Experience:** Notarized document attesting to experience in a physical, mental or allied health field.
4. **Letters of Recommendation:** Two letters regarding the ethics in practice and professional character of the applicant from professional colleagues or educators/trainers.
5. **Current MBMA Membership:** Verification of membership in good standing with the Mind Body Medicine Association, Associate, Professional or Diplomate.
6. **Mind Body Medicine Training:** Submit a list all training in Mind Body Medicine modalities that includes the name of the trainer, the organization, date of training, length of training and organization/trainer contact information.

Biographical Information

Full, Legal Name: _____
(Last/Family) (First) (Middle)

Gender: Male _____ Female _____

Date of Birth: _____ Place of Birth: _____
(City) (State) (Country)

Are you a U.S. citizen? Yes ___ No ___

If "No," of what country are you a citizen? _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Country: _____

Residence Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

Educational Data

High School Attended: _____
(Complete Name of High School) (City) (State)

Date Graduated: _____ (Month/ Year)

List **ALL** education, training, degrees and certifications received. *You may attach a curriculum vitae or resume having all the same information. Attach additional sheets as necessary.*

Institution/Organization:

City: _____ State: _____

Dates of Attendance: From _____ Through _____

Certificate or Degree Earned: _____

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Dates of Attendance: From _____ Through _____

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APPLICATION STATEMENT

Respond to the questions in the space below using your own handwriting.

1. What is Mind Body Medicine?

2. How will you use the MBMA Coaching Certificate?

3. What personal attributes make you a good candidate as an MBMA Coach?

4. What barriers (physical, mental, emotional, financial, other) exist in relation to your pursuit of the MBMA Coaching Certificate Program?

5. On a scale of 0-10, where are you in relation to the following statement: *I am easily able to create what I want to create.*