

First name: _____

Last Name: _____

Email Address: _____



PROGRAM APPLICATION

What is your current job or area of expertise?

What makes you want to take this training?

How do you anticipate applying what you will learn?

What is your current meditation experience, if any? (It's OK if you don't have one.)

Have you taken any other courses in meditation or mindfulness? If so, what are they? (It's OK if you have not.)

Are you willing to commit to your own meditation practice as the foundation of being a good meditation instructor?

Please add anything else you think relevant.

Will you be using this course to obtain CCEU's for ICF re-certification?

_____ Yes _____ No

How did you hear about this course?

_____ Open Heart Project website

_____ Open Heart Project email

_____ Facebook

_____ Instagram

_____ Current Meditation Instructor E- Course student. If so, please provide their name:

Other? _____

Thank you for your interest and we will get back to you soon!

Warmly, Susan and Jenna

(Please scan and email this completed form to: info@openheartproject.com)