Application to Join National Alliance of Energy Practitioners

Organizational Information:

If you need additional space to answer any question please feel free to add additional pages.

| Name of Organization: |
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| Founders name: |
| Address: |
| |
| Phone: |
| Fax: |
| Web Site/Facebook: |
| |
| Contact person for organization: |
| Contact information for that person: |
| |
| What role do they play in the organization: |
| What time zone are they in and when is a good time to contact them: |
| |
| Are you an association of training programs or practitioners? If yes, describe: |
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| Please note that it is not required to be an NCCA or private post secondary school to become a member. If you are one of those or accredited in any way please describe below: |
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| Describe the type of program that you are running: (weekend workshops, evening classes, corporate programs, 3 month training program, 1-5 year training program, etc) |
| What is the model you use of field structure? (Unified field, layered field, chakra, meridian flow, 4 body system, spirit driven) |
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| How do you think the body works? |
| |
| Do you teach an ethics module? Y N Are you willing to support a code of ethics for energy practitioners? Y N |
| Do you teach a standards of practice module? Y N Are you willing to support standards of practice for energy practitioners? Y N |
| Do you teach some form of anatomy and physiology to your practitioners? (energetic, eastern, western, chakra system etc.) Y N |

| anatomy and physiology? Y N |
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| Where do your instructors come from and how are they selected? (It is not necessary to have a big operation. If you are the only instructor that is fine.) Please list a sample instructor and their credentials. |
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| Division Information: Does your program fit into one of the existing divisions? If yes, please list. If no, please describe the program and it unique qualities. (Are you a channel/attuned program, are you a mystic program, are you a lineage program, are you a culturally based program) We will be developing additional divisions over time. |
| Division: |
| Alternative: |
| How many hours of training does it take to complete your program? Include classroom, home study, practicum's, case studies and project hours. |
| What are some of the skills that your students learn? (General outline you do not need to get very specific.) |
| Advocacy: Are you interested in helping us advocate for the industry in your home/founding state or in other states? |
| Would you be willing to send out emails to your students and alumni to keep them informed on our progress? Y N |

If you do not teaching anatomy and physiology are you willing to teach some form of

| Research Information: | |
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| you have any research that has been done on your particular style of work? (Research ot required. But if you have some please list a link where we can read the paper or | |
| about the study.) | |
| | |
| Would you be interested in doing research on your program? Y N | |
| Additional Insights: | |
| What else do we need to know about your program? | |
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| Membership in the organization at this time is free. We support organizations of all sizes and styles. However, if you would like to advertise you program and have a listing of your program on the web site please click on the fee schedule link. | |
| Thank you! NAOEP | |
| Questions filling out this form, please click on the link on the contact page with your question and someone will be back to you within 48 hours. | |