

# HOMEOPATHY SCHOOL INTERNATIONAL

## *Foundations in Homeopathic Home Care - HSI 101*

### Application

Please mail your completed application form and \$75 application fee to  
*Homeopathy School International, POB 20340, Boulder, CO 80308-3340.*  
Make checks payable to *Homeopathy School International.*

PRINT CLEARLY

_____	_____	_____	_____	_____
First Name	Last Name	Gender	Birth Date	Birth Place
_____			_____	_____
Address			City	State ZIP Code
(____)_____	(____)_____	(____)_____	_____	
Home Phone	Work Phone	Cell Phone	Email Address	
_____	_____		(____)_____	_____
Social Security #	Emergency Contact		Emergency Phone Number	

### EDUCATIONAL AND RELATED EXPERIENCES

_____	_____	
Present Occupation	Year Graduated High School	
_____		
Highest Education	Date completed	Name of College or University (if applicable)

Check any of the following college-level courses you have successfully completed (not required for admission).

- Anatomy    Physiology    Human Pathology

List other certifications or related job/life experiences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have attended homeopathic courses or classes, please list date and instructor/institution:

\_\_\_\_\_

\_\_\_\_\_

List any experience you have had with homeopathic treatment.

\_\_\_\_\_

\_\_\_\_\_

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# HOMEOPATHY SCHOOL INTERNATIONAL

Explain what you would like to gain from this course.

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Where did you learn about the *Homeopathy School International*? Please check all that apply.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Friend/family       | <input type="checkbox"/> Nexus magazine      | <input type="checkbox"/> <i>Healing Path</i> magazine | <input type="checkbox"/> <i>Four Corners</i> magazine |
| <input type="checkbox"/> Natural Healers.com | <input type="checkbox"/> Web search engine   | <input type="checkbox"/> <i>Boulder Weekly</i>        | <input type="checkbox"/> Phone Book                   |
| <input type="checkbox"/> HSC mailing         | <input type="checkbox"/> Other, please list: |   |   |

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Mail the following to the *Homeopathy School International*, PO Box 20340, Boulder, CO 80308-3340:

- Completed *Foundations of Homeopathic Home Care* Application
- \$75 Application Fee (Make checks payable to the *Homeopathy School International*)

I verify that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date