



## **Teleosis Homeopathic Collaborative, LLC**

*Developing well-rounded, practicing homeopaths through knowledge, growth and community*  
(617) 564-0321 ~ teleosisschool@gmail.com

### Prospective Student Application Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Emergency Contact (name & phone numbers): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please submit the following along with this completed application and mail to our administrative office at 183 Cross Road, Berne, NY 12023:

1. A written essay outlining the reasons you have chosen to study homeopathy, what you hope to achieve in this program and how you hope to utilize these skills in your life and work.
2. Documentation of any degrees or certifications attained (college or otherwise).
3. Two letters of reference from individuals who know you well personally and/or professionally.
4. Your \$25 non-refundable application fee made out to "Teleosis Homeopathic Collaborative, LLC".

Once the completed application packet has been received we will be in touch to schedule a personal interview to complete the application process and confirm your place in the program.

#### **Educational, Homeopathic & Life Experiences:**

Year Graduated High School: \_\_\_\_\_ Current Occupation: \_\_\_\_\_

Name of College attended: \_\_\_\_\_

Any Degrees obtained: \_\_\_\_\_

If no college credits or degrees, please describe any relevant life experience (feel free to use the back of this sheet):

---

---

---

Is it your intent to become a certified professional homeopath? If so, have you completed any college level courses in Anatomy, Physiology or Pathology? If not, what is your plan for completing these requirements for homeopathic certification? (if already completed, please provide school name, course names and dates completed):

---

---

Have you attended any homeopathic courses or classes? If so, please list instructor(s), study groups, courses or classes with dates: \_\_\_\_\_

---

---

Please list any experiences you have had with homeopathic treatment: \_\_\_\_\_

---

---

---

**General Information:**

What personal skills or strengths do you possess that you believe will help you to utilize homeopathy successfully?

---

---

---

---

What hobbies or creative activities do you pursue on a regular basis? Do you have a favorite activity, book, movie or character? Please tell us about them: \_\_\_\_\_

---

---

---

---

Why have you chosen to apply to our program? What aspects of our program are most important to you? \_\_\_\_\_

---

---

---

---

How many hours each week do you have available to devote to the study of homeopathy? Is there anything that might interfere with your ability to study or complete assignments in a timely fashion? \_\_\_\_\_

---

---

---

---

Anything else you would like us to know about you? \_\_\_\_\_

---

---

---

---

Are there any questions you have for us? \_\_\_\_\_

---

---

---

---

Please mail your completed application packet to our administrative office at:  
Teleosis Homeopathic Collaborative, LLC  
183 Cross Road  
Berne, NY 12023

All classes are held in the Boston, MA area.