

MODALITIES being applied for as **PRACTITIONER MEMBER IN TRAINING:**

Members may apply for Accreditation for more than one Modality.

- ESOTERIC HEALING** (at Practitioner Levels 1, 2 or 3 – select practitioner category below)
- ESOTERIC MASSAGE** (at Practitioner Levels 2 or 3 – select practitioner category below)
- ESOTERIC CONNECTIVE TISSUE THERAPY** (at Practitioner Levels 2 or 3 – select practitioner category below)
- ESOTERIC CHAKRA-PUNCTURE** (at Practitioner Level 3 only)
- ESOTERIC BREAST MASSAGE / EBM** (at Practitioner Level 3 only)
- ESOTERIC YOGA** (at Practitioner Level 2 or 3 – select practitioner category below)

Choose the **PRACTITIONER LEVEL** being applied for and fill in all the relevant details under that Level only. Once completed please make sure to also fill out Parts B & C at the end of this form. For a full description refer to: <http://members.epa-international.com/membership-requirements>

LEVEL 1: PRACTITIONER

Esoteric Healing only. *Complete all relevant parts of Level 1*

- I have completed at least Sacred Esoteric Healing (SEH) 1 and 2**

SEH1 – Date attended: / / (mandatory)

SEH2 – Date attended: / / (mandatory)

- I confirm that I will NOT be earning more than \$5,000 per year from Esoteric Healing work.**
- I will be taking out insurance with AON.**
(Insurance is optional at this level – see Part C for more details.)

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LEVEL 2: PROFESSIONAL PRACTITIONER

Complete all relevant parts of Level 2.

Esoteric Healing, Esoteric Massage, Esoteric Connective Tissue Therapy, Esoteric Yoga

I have completed SACRED ESOTERIC HEALING (SEH) 1, 2, 3 & 4

SEH1 – Date attended: / / (mandatory for SEH, EM & ECCT)

SEH2 – Date attended: / / (mandatory for SEH, EM & ECCT)

SEH3 – Date attended: / / (mandatory for SEH, EM & ECCT)

SEH4 – Date attended: / / (mandatory for SEH, EM & ECCT)

I am applying to be listed as an ESOTERIC HEALING PRACTITIONER

I have passed my energetic assessment. **Assessment Date:** / /

I am applying to be listed as a practitioner of ESOTERIC MASSAGE

I have completed Esoteric Massage (EM) 1

EM 1 – Date attended: / / (mandatory)

I have completed Esoteric Massage (EM) 2

EM 2 – Date attended: / / (mandatory)

I have completed my required practical hours as signed off by a trainer. Records submitted

I have passed my energetic assessment. **Assessment Date:** / / (mandatory)

I am applying to be listed as a practitioner of ESOTERIC CONNECTIVE TISSUE THERAPY

I have completed Esoteric Connective Tissue Therapy Advanced Level 1 (ECTT1)

ECTT 1 – Date attended: / / (mandatory)

I have completed my required practical hours as signed off by a trainer. Records submitted

I have passed my energetic assessment. **Assessment Date:** / / (mandatory)

I am applying to be listed as a practitioner of ESOTERIC YOGA

I have completed Esoteric Yoga Level 1 Training Course

EY – Date attended: / / (mandatory)

I have completed my required practical hours as signed off by a trainer. Records submitted

I have passed my energetic assessment. **Assessment Date:** / / (mandatory)

I will be taking out the EPA practitioners' insurance package with AON. Insurance is mandatory at this level, and you can choose to be insured through the EPA insurance broker, AON. [See Part C](#) for more details.

LEVEL 2: PROFESSIONAL PRACTITIONER MEMBER IN TRAINING

Complete all relevant parts of Level 2.

Esoteric Healing, Esoteric Massage, Esoteric Connective Tissue Therapy, Esoteric Yoga

- I have completed SACRED ESOTERIC HEALING (SEH) 1, 2, 3 & 4 (where required)

SEH1 – Date attended: / / (mandatory for SEH, EM & ECCT)

SEH2 – Date attended: / / (mandatory for SEH, EM & ECCT)

SEH3 – Date attended: / / (mandatory for SEH, EM & ECCT)

OR BOOKED TO ATTEND SEH3

SEH4 – Date attended: / / (mandatory for SEH, EM & ECCT)

OR BOOKED TO ATTEND SEH4

- I am applying to be listed as a Practitioner Member In Training of ESOTERIC HEALING

- I am applying to be listed as a Practitioner Member In Training of ESOTERIC MASSAGE

- I have completed Esoteric Massage (EM) 1

EM 1 – Date attended: / / (mandatory)

- I have completed Esoteric Massage (EM) 2

EM 2 – Date attended: / / (mandatory)

- I am currently undertaking my required practical hours

- I am applying to be listed as a Practitioner Member In Training of ESOTERIC CONNECTIVE TISSUE THERAPY

- I have completed Esoteric Connective Tissue Therapy Advanced Level 1 (ECTT1)

ECTT 1 – Date attended: / / (mandatory)

- I have completed Esoteric Connective Tissue Therapy Advanced Level 1 (ECTT1)

ECTT 2 – Date attended: / / (mandatory)

- I am currently undertaking my required practical hours

- I am applying to be listed as a Practitioner Member In Training of ESOTERIC YOGA

- I have completed Esoteric Yoga Level 1 Training Course

EY – Date attended: / / (mandatory)

- I am currently undertaking my required practical hours

LEVEL 3: PROFESSIONAL PRACTITIONER

Complete all relevant parts of Level 3.

Esoteric Healing, Esoteric Massage, Esoteric Connective Tissue Therapy, Esoteric Breast Massage, Esoteric Chakra-puncture and Esoteric Yoga

I have completed SACRED ESOTERIC HEALING (SEH) 1, 2, 3 & 4 (required)

SEH1 – Date attended: / / (mandatory for SEH, ECCT, EM, EBM & C-p)

SEH2 – Date attended: / / (mandatory for SEH, ECCT, EM, EBM & C-p)

SEH3 – Date attended: / / (mandatory for SEH, ECCT, EM, EBM & C-p)

SEH4 – Date attended: / / (mandatory for SEH, ECCT, EM, EBM & C-p)

I am applying to be listed as an ESOTERIC HEALING PRACTITIONER

I have passed my energetic assessment.

Assessment Date: / /

I am applying to be listed as a practitioner of ESOTERIC MASSAGE

I have completed Esoteric Massage (EM) 1

EM 1 – Date attended: / / (mandatory)

I have completed Esoteric Massage (EM) 2

EM 2 – Date attended: / / (mandatory)

I have completed my required practical hours as signed off by a trainer.

Records submitted

I have completed Anatomy and Physiology 1 & 2 (AIAS, Evolve College or equivalent)

Certificates submitted

I have passed my energetic assessment.

Assessment Date: / / (mandatory)

I am applying to be listed as a practitioner of ESOTERIC CONNECTIVE TISSUE THERAPY

I have completed Esoteric Connective Tissue Therapy Advanced Level 1 (ECTT1)

ECTT 1 – Date attended: / / (mandatory)

I have completed Esoteric Connective Tissue Therapy Advanced Level 2 (ECTT2)

ECTT 2 – Date attended: / / (mandatory)

I have completed my required practical hours as signed off by a trainer.

Records submitted

I have completed my prerequisite qualifications (certificates submitted), being:

Anatomy and Physiology 1, 2, 3 & 4

Nutrition (AIAS, Evolve College or equivalent)

OR Approval for recognition of prior learning

I have passed my energetic assessment. Assessment Date: / /

I am applying to be listed as a practitioner of the ESOTERIC BREAST MASSAGE

- I have completed my EBM training
Date EBM training completed: / / (mandatory)
- I have completed my EBM practice sessions with EBM practitioners
- I have completed Anatomy and Physiology 1 & 2 (AIAS, Evolve College or equivalent)
 - Certificates submitted
- I have passed my energetic assessment. **Assessment Date:** / /

I am applying to be listed as a practitioner of ESOTERIC CHAKRA-PUNCTURE

- I have completed Esoteric Chakra-puncture (EC-p) 1 (parts 1 & 2)
EC-p 1 Part 1 – Date attended: / / (mandatory)
EC-p 1 Part 2 – Date attended: / / (mandatory)
- I have completed Esoteric Chakra-puncture (EC-p) 2
EC-p 2 – Date attended: / / (mandatory)
- I have completed Esoteric Chakra-puncture (EC-p) 3
EC-p 3 – Date attended: / / (mandatory)
- I have completed my required practical hours as signed off by a trainer.
 - Records submitted
- I have completed my prerequisite qualifications (certificates submitted), being:
 - Anatomy and Physiology 1, 2, 3 & 4 and Nutrition (AIAS, Evolve College or equivalent)
- OR** Qualified Acupuncturist
- OR** Approval for recognition of prior learning
- I have passed my energetic assessment. **Assessment Date:** / /

I am applying to be listed as a practitioner of ESOTERIC YOGA

- I have completed Esoteric Yoga (EY) Level 1 Training Course
EY 1 – Date attended: / / (mandatory)
- I have completed my required practical hours as signed off by a trainer.
 - Records submitted
- I have completed Anatomy and Physiology 1 & 2 (AIAS, Evolve College or equivalent)
 - Certificates submitted
- I have passed my energetic assessment.
Assessment Date: / / (mandatory)

LEVEL 3: PROFESSIONAL PRACTITIONER MEMBER IN TRAINING

Complete all relevant parts of Level 3.

Esoteric Healing, Esoteric Massage, Esoteric Connective Tissue Therapy, Esoteric Breast Massage, Esoteric Chakra-puncture and Esoteric Yoga

I have completed SACRED ESOTERIC HEALING (SEH) 1, 2, 3 & 4 (required)

SEH1 – Date attended: / / (mandatory for SEH, ECCT, EM, EBM & C-p)

SEH2 – Date attended: / / (mandatory for SEH, ECCT, EM, EBM & C-p)

SEH3 – Date attended: / / (mandatory for SEH, ECCT, EM, EBM & C-p)

SEH4 – Date attended: / / (mandatory for SEH, ECCT, EM, EBM & C-p)

OR BOOKED TO ATTEND SEH4

I am applying to be listed as a Practitioner Member In Training of ESOTERIC HEALING

I am applying to be listed as a Practitioner Member In Training of ESOTERIC MASSAGE

I have completed Esoteric Massage (EM) 1

EM 1 – Date attended: / / (mandatory)

I have completed Esoteric Massage (EM) 2

EM 2 – Date attended: / / (mandatory)

I have completed my required practical hours as signed off by a trainer.

I am currently undertaking my required practical hours.

I am currently undertaking / have completed my studies of Anatomy and Physiology 1 & 2 (AIAS, Evolve College or equivalent)

I am applying to be listed as a Practitioner Member In Training of ESOTERIC CONNECTIVE TISSUE THERAPY

I have completed Esoteric Connective Tissue Therapy Advanced Level 1 (ECTT1)

ECTT 1 – Date attended: / / (mandatory)

I have completed Esoteric Connective Tissue Therapy Advanced Level 2 (ECTT2)

ECTT 2 – Date attended: / / (mandatory)

I have completed my required practical hours as signed off by a trainer.

I am currently undertaking my required practical hours.

I am currently undertaking / have completed my studies, being:

Anatomy and Physiology 1, 2, 3 & 4 and Nutrition (AIAS, Evolve College or equivalent)

I am applying to be listed as a Practitioner Member In Training of the ESOTERIC BREAST MASSAGE

- I am currently undertaking the Esoteric Breast Massage Training program
- I have completed my required practical hours as signed off by a trainer.
- I am currently undertaking my required practical hours.
- I am currently undertaking / have completed my studies of Anatomy and Physiology 1 & 2 (AIAS, Evolve College or equivalent)

I am applying to be listed as a Practitioner Member In Training of ESOTERIC CHAKRA-PUNCTURE

- I have completed Esoteric Chakra-puncture (EC-p) 1 (*parts 1 & 2*)
EC-p 1 Part 1 – Date attended: / / (*mandatory*)
EC-p 1 Part 2 – Date attended: / / (*mandatory*)

- I have completed Esoteric Chakra-puncture (EC-p) 2
EC-p 2 – Date attended: / /

OR **BOOKED TO ATTEND EC-p 2**

- I have completed Esoteric Chakra-puncture (EC-p) 3
EC-p 3 – Date attended: / / (*mandatory*)
- I have completed my required practical hours as signed off by a trainer.
- I am currently undertaking my required practical hours.
- I am currently undertaking / have completed my studies, being:
 - Anatomy and Physiology 1, 2, 3 & 4 and Nutrition (AIAS, Evolve College or equivalent)

I am applying to be listed as a Practitioner Member In Training of ESOTERIC YOGA

- I have completed Esoteric Yoga (EY) Level 1 Training Course
EY 1 – Date attended: / / (*mandatory*)
- I have completed my required practical hours as signed off by a trainer.
- I am currently undertaking my required practical hours.
- I am currently undertaking / have completed my studies of Anatomy and Physiology 1 & 2 (AIAS, Evolve College or equivalent)

PART B – CODE OF ETHICS AND CONDUCT

PRACTITIONER MEMBERSHIP ONLY

I have read, understand and accept the EPA Code of Ethics and Conduct and I agree to comply with and abide by that Code.

For Practitioners of Modalities: I will be seeing children (persons under 18 years).

If you will be working with children, you must answer this:

- I confirm I have obtained the necessary WORKING WITH CHILDREN CLEARANCE CERTIFICATE required in my country, state or territory, forwarded this to the EPA Office, and I will keep this up to date.

PART C – INSURANCE

PRACTITIONER MEMBER (MODALITIES) ONLY

Please do not apply for insurance until you have received email confirmation that you are accredited by the EPA.

I will require insurance through AON.

You may apply for insurance once your accreditation is **complete** and **confirmed** by the EPA. The insurance company AON covers all the Esoteric Modalities and information on how to obtain insurance with AON will be provided via email along with the confirmation of your accreditation.

I will be applying for or already have insurance for all the modalities for which I am applying with an insurance company other than AON. You may choose an alternative insurance company so long as you are able to obtain cover in full for the Esoteric Modalities specifically. If this is your choice then please fill in all necessary details below. *(Fill in all details below)*

Insurance Company: _____

Policy Expiry Date: _____

Modalities Insured: _____

PART D – EPA ACCREDITATION CERTIFICATE

I wish to receive an Accreditation Certificate for all Modalities I am applying for.

PART E – ANNUAL FEE

Tick which is applicable:

- Current Associate Member applying to upgrade to a Practitioner level: \$15
- Current Practitioner or Practitioner in Training applying to change my level of membership or add a modality: \$0

Your Membership will be confirmed on receipt of your payment and completion of all steps required for the applied accreditation level. The EPA will issue an invoice if required.

The EPA will contact you when your accreditation has been confirmed.

SIGNED: _____

DATE: _____

Your Membership will be confirmed on receipt of your payment and completion of all steps required for the applied accreditation level.