HEALING HANDS SEMINARS

APPLICATION FORM

FOR TRAINING IN DR. VODDER'S MANUAL LYMPH DRAINAGE

(Please print clearly)

NAME:_____

(as I would like it to appear on my certificate)

ADDRESS:

PO Box/Street: _____

City: _____

State: _____

Post Code: _____

Home Phone: (_____)_____Business: (_____)_____

Fax : (_____)_____Email: _____

OCCUPATION: _____

EDUCATION

Highest Level: _____

Year taken and location: _____

Training background for this course: _____

(Copies of certificates, registrations, diplomas, degrees etc. required to accompany this application)

COURSE APPLIED FOR: BASIC MLD THERAPY I THERAPY II & III (Circle one)

DATE(s): _____ LOCATION: Healing Hands Seminars
110 N Federal Hwy, Suite 204
Hallandale Beach, FL 33009

I hereby state that the above information is true and correct in all aspects. I am aware of the Student Agreement that I will be required to sign before receiving my certificate of course completion.

Signed: _____ Date: _____

MLD Basic is recognized through NCBTMB as a 40 hour CE course under Category A provider #049736-00. Therapy 1 and Therapy II & III are recognized through NCBTMB as a 40 and 80 hour CE course under Category A provider #033225-00.