



Sedona Arizona & Cork Ireland

Student Application

- Complete and submit this application and health information form. Type or print legibly using blue or black ink, and include your signature where required.
- Submit a 250 – 500 word essay on why you would like to become a meditation teacher.
- Provide two personal recommendation letters.
- Enclose \$35 non-refundable application fee payable by check to MMI, you can also send the fee via Pay Pal via this link: <https://www.paypal.me/mmisedona> or pay by credit card.
- Make a copy for your own records. Mail all items with proper postage to: McLean Meditation Institute, Registrar, PO Box 1178, Sedona, AZ 86339. Or fax to (928) 496-2027. You can also scan and send via email to registrar@mcleanmeditation.com.
- Once *all* of the above requirements are received by the Institute you will be contacted to schedule a telephone interview with the Director.

Your name _____

Have you had formal meditation training? (circle one) Y N If yes, what type(s)?

Where and when were you instructed? _____

What was your instructor's name? _____

Do you currently practice meditation daily? (circle one) Y N

If No: When do you plan to start? _____

If Yes: Since when have you been meditating? _____

What meditation technique(s) do you currently practice? _____

What are the frequency and duration of your meditation periods? _____

What benefits have you noticed due to your meditation practice? _____

Have you been to a meditation retreat or participated in an intensive residential meditation practice? (circle one) Y N If yes, where and when? _____

Have you participated in the *Winter Feast for the Soul*, or the *Chopra Center 21-Day Meditation Challenge*, or any other self-directed meditation intensive? (circle one) Y N If yes, which and when? _____

Are you a certified instructor of any other meditation technique(s)? Y N If yes, please list your certification(s) and date certified: _____

What is your current occupation? _____

Do you have relevant teaching experience? Y N If so, please describe: _____

Other relevant skills and talents: _____

Are there special populations you plan to teach? _____

Where do you plan to teach? _____

What languages do you speak fluently? _____

How did you hear about this training program? _____

If online, please let us know how your search started _____

Confidential Student Profile – Health & Healing Information

Have you had professional training in counseling, healing, or healthcare? Y N If yes, list the certifications you've been awarded, diplomas you've received, licenses you hold, or classes you've taken: _____

List the healing/therapeutic/spiritual groups in which you currently participate for support:

Have you ever had an energy healing treatment? Y N If yes, please describe type of treatment and experience: _____

Do you practice yoga, tai chi, ki gong or any other mind/body energy movement? Y N

If yes, what is the extent of your practice? _____

Have you ever been hospitalized for physical difficulties in the past 5 years? Y N If yes, list issue(s) and date(s) of hospitalization: _____

Have you been treated for mental health or psychological difficulties or has hospitalization been recommended in the past 10 years? Y N If yes, for what and when? List date(s):

Do you consider yourself emotionally healthy? Y N

How would you categorize your overall health? _____

List present physical limitations: _____

List prescription medications taken within the past 2 years and the conditions they were prescribed for: _____

Check what applies:

- I am at least 18 years of age (required)
 - I have a High School diploma or equivalent (required)
 - I have vocational/professional training in: _____
- I have earned (check which applies) an Associate, Bachelor, Masters, or Doctoral degree(s). in this field/subject: _____

I certify the above to be true and accurate.

If it becomes necessary for MMI to confirm any information in this Application, I hereby authorize MMI to make such inquiries. My signature below also authorizes MMI to make medical records inquiries regarding my health relevant to the business necessity, qualifications, and job-related activities of a professional meditation instructor, all of which would be considered a bona fide occupational qualification. I understand MMI shall keep such information confidential and shall only utilize such information for purposes of confirming whether there exists any impediments that would prevent me as an applicant from participating in the activities or curriculum of MMI, or performing the occupation of a meditation instructor, even if a reasonable accommodation were extended to me.

Signature: _____ Date: _____

Printed Name: _____

Nickname: _____ Date of Birth: mm/dd/yy _____

Street: _____

City, State or Prov, Zip, Country: _____

Email: _____

Phone number: _____ Time Zone: _____

Skype: _____ Are you on Facebook? Y N

\$35 Fee: ___ by Pay Pal to McLeanMeditation@gmail.com ___ by Check ___ by CC: Visa, MC,

CC# _____ Exp _____ CVV _____

_____ I will call the Institute to give payment over the phone (928) 204-0067

At this time, I intend to attend the Teacher Training Intensive on (date): _____

Notes: