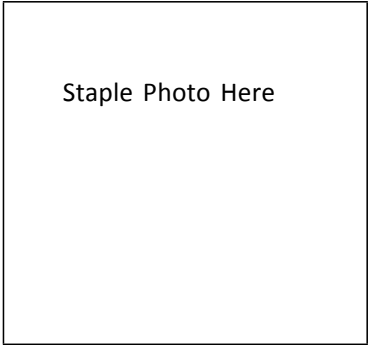


**APPLICATION FOR ADMISSION**  
**Ayurvedic College for Well-Being Provided by**  
**Drs. Light & Bryan Miller**  
**53117 Suite 303 Fruitville Rd**  
**Sarasota , FL, 33042 or**  
**PO Box 279 Ricon .PR 00677**



*To be completed in detail, signed, and returned to [contact@ayurvedichealers.com](mailto:contact@ayurvedichealers.com)*

<p><b><u>Part I: Please fill in the following information</u></b></p> <p>I am applying for the:</p> <p><b>Ayurveda Health Counselor, designed to meet the National Ayurvedic Medical Association (NAMA) requirements (800 hrs)</b></p>	<p><b>Date of Birth:</b> ____/____/____</p> <p><b>Social Security Number:</b> _____</p> <p><b>Citizenship:</b></p> <p><input type="checkbox"/> <b>U.S. Citizen</b></p> <p><input type="checkbox"/> <b>Permanent Resident</b></p> <p><input type="checkbox"/> <b>Other Country:</b> _____</p>
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**Part II: All correspondence regarding your application will be sent to your local address. Please provide your personal information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**Part III: Education Level**

- |                      |                |
|----------------------|----------------|
| High School Graduate | ___ Yes ___ No |
| Bachelor's Degree    | ___ Yes ___ No |
| Master's Degree      | ___ Yes ___ No |
| Doctorate Degree     | ___ Yes ___ No |

**Schools/Colleges Attended:**

List the school, city, state, major, degree, and dates attended

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Official transcripts from each of the above schools are to be sent directly to 2119 A Hollywood Blvd, Hollywood, FL 33020, and must be on file prior to start of classes.**

**Other training relevant to Anatomy, Physiology, or Alternative Medicine:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are you a Physician?	___ Yes ___ No
Are you a Chiropractor?	___ Yes ___ No
Other Medical Practitioner:	___ Yes ___ No
Are you currently a practitioner of:	
Alternative Medicine or Naturopathy?	___ Yes ___ No
Massage Therapist	___ Yes ___ No
Nutritionist	___ Yes ___ No
Health Counselor	___ Yes ___ No
Nurse	___ Yes ___ No
Yoga therapist	___ Yes ___ No

**Please list any previous training or education in Indian Religions and Vedic Philosophy:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV: References. Please list the names of two references other than family.**

1.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zipcode: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

2.

Name: \_\_\_\_\_

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

City, State, Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Part V: Background Information**

How did you hear about us?

\_\_\_\_\_

Please list your reasons for wanting to take this Ayurveda degree program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that all the information on this application is true and correct. I understand that any false or misleading information will void this application. I understand and agree that this program does not include the national certification by the National Ayurvedic Medical Association (NAMA). However upon completion of the full program, I am eligible to apply for membership. I understand and agree that upon completion of the course, the Ayurvedic College for Well-Being at the Ayurvedic Center for Well-Being does not guarantee employment or take responsibility for employment or a career in the field of Ayurveda, or any health related field. I also understand and agree that Ayurvedic College at the Ayurvedic Center is not responsible for actions of students and graduates in their Ayurvedic career. I certify that I have the ability to finance my education.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_