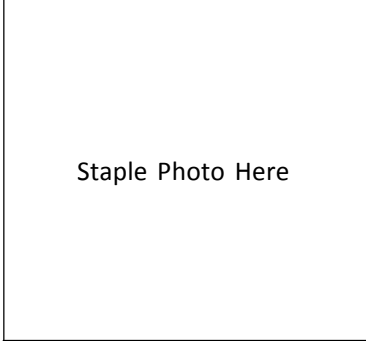


**APPLICATION FOR ADMISSION**  
**Ayurvedic College for Well-Being**  
**Provided by Drs. Light & Bryan Miller**

Ayurvedic College for Well being  
PO Box 279, Rincon, PR,00677 OR  
5317 Fruitville Rd suite 303, Sarasota , FL,34342  
787-291-3651 www.AyurvedicHealers.com



*To be completed in detail, signed, and returned to contact@ayurvedichealers.com*

<p><b>Part I: Please fill in the following information</b></p> <p>I am applying for the: (check one)</p> <p>___ Ayurvedic Health Counselor, designed to meet the National Ayurvedic Medical Association (NAMA) requirements (800 hrs, 150 contact hrs, and 50 patient encounters)</p> <p>___ Ayurvedic Practitioners Program, designed to meet the NAMA requirements (1,500 hrs, 300 contact hrs and 150 patient encounters).</p>	<p>Date of Birth: ____/____/____</p> <p>Social Security Number: _____</p> <p>Citizenship:</p> <p><input type="checkbox"/> U.S. Citizen</p> <p><input type="checkbox"/> Permanent Resident</p> <p><input type="checkbox"/> Other Country: _____</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: \_\_i\_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ USA \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ 7 \_\_\_\_\_

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 PO Box 279 Rincon,PR,00677 a few before the 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: currently a practitioner of:	___Yes _NO
Alternative Medicine or Naturopathy?	___Yes ___NO
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, Zip code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

2.

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

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

City, State, Zip code: \_\_\_\_\_

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:** \_\_\_\_\_