

**Acutonics Level I & II Teacher Training Application**

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*If needed please use additional paper to answer the questions below,  
print out the application and mail it to the Kairos Institute of Sound  
Healing, LLC, Box 8, Llano, NM 87543.*

**Personal Information**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Business/Organization Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Best way to contact you \_\_\_ home e-mail \_\_\_ work e-mail \_\_\_ home phone  
\_\_\_ work phone \_\_\_ other

**General Questions**

Why do you want to become a teacher of Acutonics?

Why do you believe that you are qualified to teach this work?

How will you integrate teaching into your current business responsibilities?

Have you had experience mentoring others? Yes\_\_\_\_ No\_\_\_\_ If yes, please explain:

Are you currently teaching any other modality of healing? Yes\_\_\_\_ No\_\_\_\_ If yes, please describe your training.

How did you originally hear about Acutonics?

Which Acutonics Teachers have you studied with?

### **Clinical Background**

How long have you been in clinical practice? \_\_\_\_\_

What type of clinical practice do you have? Please describe:

How long have you been practicing Acutonics? \_\_\_\_\_ How do you integrate Acutonics into your clinical practice?

Are you interested in providing clinical mentorship to your students?

Please describe your experience and comfort level supporting students or clients who may experience a major emotional or physical release while receiving an Acutonics treatment.

### **Teacher Background**

Years of teaching experience \_\_\_\_\_

Include any relevant teaching experiences, professional activities, curriculum development, in-service activities, and collaborative projects.

Are you interested in teaching in your home community or do you want to travel to teach?

What language(s) do you speak?

Have you provided any public education in your community about Acutonics? Yes\_\_\_\_ No\_\_\_\_\_ If yes, please describe.

**Education Experience:**

What type of professional education, or other certification programs have you completed? Please describe.

**Related Business Experience:**

How long have you been in business? \_\_\_\_\_

What types of skills do you have in management, leadership, marketing, writing, etc?

Please describe.

**Technology Experience:**

All teachers of Acutonics must be proficient on the computer, and able to use Microsoft Office, including, Word, Excel and Power Point. Please describe your computer experience and the programs that you are currently using.

**References:**

Please provide at least two professional references

If you have taught other modalities please provide two recommendations from students that have studied with you.

If accepted into the seven-day Acutonics Teacher Training workshop I agree to abide by the Acutonics Teacher Contract and code of ethics. By signing this application form, I certify that the above statements are true, and that I am able to commit to becoming a teacher of the Acutonics System of Healing & Education.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_