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Health & Lifestyle Coach - Training

This \$35 application fee is fully refundable should your not be accepted to the program.

wholepersonhealthcare.org™

Course Application

Health & Lifestyle Coach program - an intensive on-line health program, contains 24 streamed video courses that are designed to be taken over a 16 week period, requiring the highest standards to qualify for participation in the training. Application and the corresponding approval are required prior to training program registration and acceptance.

Education - A part-time Whole Health Coaching program for individuals with accredited degrees or training in health, nursing, wellness, nutrition, fitness, psychology, public health, education, science or an accredited CAM training

Experience - It is recommended that applicants have a minimum of 1 full year experience in their allied health specialty prior to applying to this program.

Application Procedure

1. Complete entire application form (page 2 of this .pdf document)
2. Attach supporting educational degree/certification documents and letter of recommendation
3. Include application fee of \$35 (refundable if not accepted)
Your credit card statement will show as billed by "Standard Health"
4. Fax or Mail your application and materials to location listed on application form

Qualifying applicants will be contacted with registration procedure details for the Health & Lifestyle Coach program.

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Application

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wholepersonhealthcare.org™

PO Box 5489, Everett WA 98206 -- Bus. 360.568.7448 Fax 425-460-8513

Further details at <http://fitlaunch.com/fitpros/whole-person-health-care.html>

Name: _____ **Application Date:** _____

Address: _____

Phone: (home) _____ **(cell)** _____ **(fax)** _____

Email Address _____ **Date of Birth** _____

Present Occupation _____ **Dates Employed** _____

Previous Occupation _____ **Dates Employed** _____

Education History: _____

Personal Reference: _____

How did you hear about the program? _____

Complete all fields and return along with copies of educational achievements and one letter of professional reference to the address or fax number listed above. You will be notified of accepted or declined within two weeks of submission. A full refund will be provided if not accepted.

Payment Method:

Type (circle): Visa - MasterCard - American Express

Card Number: _____ **CVV:** _____

Expiration: _____ **Amount Charged: \$35.00** (statement will read as Standard Health)

Signature: _____