



**TEACHER TRAINING APPLICATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email \_\_\_\_\_

Current Profession \_\_\_\_\_

Date of Birth (month) \_\_\_\_\_ (year) \_\_\_\_\_

Please describe your experience with tai chi or other mind-body arts (qigong, yoga, meditation, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe any health care experience (physician, physical therapist, nurse, massage therapist, acupuncturist, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe any teaching experience (classroom teacher, music instructor, coach, trainer, etc.): \_\_\_\_\_

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Please describe your motivation for participating in the Eight Active Ingredients of Tai Chi Teacher Training Program: \_\_\_\_\_

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Please describe how you envision using this training experience: \_\_\_\_\_

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