



# Enrollment Application

### Instructions

The information in this application is confidential and will not be revealed or shared outside the ISM Training staff.

- 1) Please print neatly, type or use an electronic form of this document to enter the information (available from ISM in Word and PDF file format, and on our website).
- 2) Please fill in all blanks and answer all questions completely.
- 3) Attach two full-length photographs of yourself (one front view and one profile from the side).

- 4) Return your completed application along with the \$550 non-refundable application fee to:

Institute of Structural Medicine  
103 Ross Road, Twisp, WA 98856.

Make checks payable to:  
"Institute of Structural Medicine."

The \$550 application fee includes \$250 for the required "Thomas Indicator Profile" (TIP) evaluation and \$300 for the ISM Application Administration Fee.

### Personal Information

NAME		OCCUPATION	
ADDRESS		LENGTH OF TIME AT THIS ADDRESS	
CITY	STATE	ZIP	
( )	( )	( )	
WORK PHONE	HOME PHONE	CELL PHONE	
EMAIL ADDRESS			
DATE OF BIRTH	AGE	HEIGHT	WEIGHT
<input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> D	<input type="checkbox"/> Yes <input type="checkbox"/> No		
MARITAL STATUS	HAVE YOU BEEN MARRIED BEFORE?	HOW LONG?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
DO YOU HAVE CHILDREN?	HOW MANY?	LIST AGES OF CHILDREN	

If you have a child who lives with you, what are your plans for childcare during the intensive workshops?



## Enrollment Application continued

### Emergency Contacts

NAME	EMAIL ADDRESS
( )	( )
WORK PHONE	HOME PHONE
( )	( )
	CELL PHONE

NAME	EMAIL ADDRESS
( )	( )
WORK PHONE	HOME PHONE
( )	( )
	CELL PHONE

### Employment Information

EMPLOYER	POSITION	HOW LONG?
EMPLOYER'S ADDRESS		
( )		
EMPLOYER'S PHONE	EMPLOYER'S EMAIL	

Please provide a brief employment history:

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### Educational Experience

High School Graduate  Yes  No      College Graduate  Yes  No

YEARS IN COLLEGE

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COLLEGE ATTENDED

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UNDERGRADUATE DEGREE(S)

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GRADUATE DEGREE(S)

Other education experience (continuing education courses, training, etc.)



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### Licensing and Certification

List currently held licenses and/or credentials  
(MD, attorney, paralegal, pilot, teacher, PT, OT, CPA, LMP, etc.)

<hr/>	SINCE
<hr/>	SINCE
<hr/>	SINCE
<hr/>	SINCE

### Financial Information

Annual Income/Net Worth  
(Assets less liabilities, i.e. house own vs. rent, car, cash in banks, stocks, bonds)

Monthly Expenses  
(i.e. house, car, credit card payments, attorney fees, other loans, etc.)



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Please present your plan for paying for your training program and for covering your living expenses during the ISM intensive training sessions and during your first few months in private practice. What are your options, should this plan not work? Please be very detailed and specific.

### Personal Readiness Questionnaire

1. Why do you want to be a Structural Medicine Specialist™?

2. What do you consider your three major accomplishments in life?

A) \_\_\_\_\_

B) \_\_\_\_\_

C) \_\_\_\_\_



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3. As a Structural Medicine Specialist you will be an independent businessperson solely responsible for the success of your business, including promotion, scheduling, marketing, money management, etc. Please discuss how prepared you feel to undertake the responsibility for your own business, what prior experience you have to call upon, and what you consider to be your weaknesses and strengths in this regard. Please rate your overall readiness to deal with this responsibility on a 1–10 scale, where 10 = outstanding: \_\_\_\_\_ .

4. As a SMS,™ you may be working with people of all ages who have a variety of backgrounds, personal histories, and personal problems. People may experience a wide variety of emotional or physical reactions during sessions including anger, sadness, joy and physical or emotional discomfort. It is important that you possess the ability, desire and emotional maturity to work intimately with others. Please discuss what life experience and personal traits you have that indicate your ability to handle these types of situations. Include any concerns that you have in this area. Rate your overall capability in this area on a 1–10 scale: \_\_\_\_\_ .



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5. As a practitioner, you will physically work with people's bodies. Please discuss your experience with and your feelings about working with people in this manner.

6. As a practitioner you will use your body in an active way. Describe your body, what lessons you have learned from it, and how you feel it will support your work as a practitioner. Please rate your overall physical readiness on a 1–10 scale: \_\_\_\_\_ .

7. What bodywork or movement work have you personally experienced? What were the results?









## Enrollment Application continued

14. The field of Structural Medicine and the Institute of Structural Medicine school programs are about passion and love for the work and our clients. What personal gifts do you possess that you think you will contribute to the class, your clients, and the field of Structural Medicine? What makes you “tick”? What gives you “juice”?
15. Life and the ISM training program are also about FUN and joy and dance and movement and laughter. What do YOU do for fun? What part does fun have (or not have) in your life?
16. Are there any medical issues that are of concern or something our staff should know about, should you become a student in our training program (medications, treatment for depression, psychological conditions, medical conditions? You will be spending 15 days at a time at the intensives, so your health is important. There will also be intimate times with the other students as you open up and delve deeper into your being and full potential.



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17. Imagine that it is ten years from now. Write a brief “curriculum vitae” outlining what you have accomplished in the last ten years (what IS your life ten years from now). “Hand” write this answer, not your “head”... go inside... let it flow. Use the back or a separate sheet of paper if you need more space.