

Reiki I, II and III with Reiki Master Therese Silva Johnson

Class Registration Form and Continuing Education (CE) Course Registration

Please Print

1. Social Security Number: _____

2. Name _____
Last First middle initial

3. Address _____

4. Day Phone _____ Evening Phone _____

5. Birthdate _____ 6. Sex: Male ___ Female ___

Course Information

1. Today's Date: _____

2. Course Date _____

3. Name of Course _____

4. Number of Contact Hours _____

5. Continuing Education: RN ___ LVN ___ CNA ___ CMT ___ License No. _____

Residence Information

1. Have you taken courses through ARP before? Yes ___ No ___ If "Yes" date? _____

2. Are you a U.S citizen? Yes ___ No ___

3. Was your License issued in the United States? Yes ___ No ___

4. Do you have a baccalaureate or higher degree? Yes ___ No ___

5. I hereby certify under penalty of perjury that the above information is true and correct.

Student signature Date

INSTRUCTOR USE ONLY

Number of hours of instruction? ___ Completed ___ Incomplete ___

Date(s) of class session(s): M T W TH F S

Final Grade = ___ Pass ___ Fail

Instructors signature Date