

# Practitioner Application

*Lotus*

The Educational Center for Integrative Healing and Wellness

Applicant's healing expertise: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL INFORMATION:

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
No. & Street City State Zip

Business address: \_\_\_\_\_  
No. & Street City State Zip

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_

Are you an American Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_

## EDUCATION: *Complete in lieu of Curriculum Vitae or Resume*

High School: \_\_\_\_\_

College: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Specific training/apprenticeship: \_\_\_\_\_

Continuing Education: \_\_\_\_\_

List and provide copies of any relevant licenses and/or certificates you hold: \_\_\_\_\_

---

---

---

---

---

Lotus Application – Page 2 of 4      Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PROFESSIONAL EXPERIENCE:** *(Complete in lieu of Curriculum Vitae or Resume)*

Number of years of experience in your field: \_\_\_\_\_

List all relevant professional work experience, current to past: \_\_\_\_\_

---

---

---

---

---

---

---

---

List all professional associations and organizations to which you belong: \_\_\_\_\_

---

---

---

---

List publications: \_\_\_\_\_

---

---

---

---

List other skills, knowledge, or gifts that may be relevant to the mission of our group: \_\_\_\_\_

---

---

---

---

---

---

---

---

Professional Philosophy (May be attached): \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

Describe the work you do with your clients/patients, including the number of clients seen weekly or monthly: \_\_\_\_\_

---

---

---

---

---

---

---

---

List any special interests you focus on in your work: \_\_\_\_\_

---

---

---

---

---

---

---

---

How do you see your work contributing to the vision of Lotus? \_\_\_\_\_

---

---

---

---

---

---

---

---

**REFERENCES:**

Please provide four references from outside Lotus. References should be from professionals (within your professional community) with whom you have worked or trained for at least one year.

Name	Phone/Address	Relationship/Years Known
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Lotus Application – Page 4 of 4 Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return your completed Application with Credentials Form and Statement of Professional History along with Credentialing and Application Fees to:**

Catherine A. Lavoie, APRN  
Chief Executive Officer, Lotus  
850 Straits Turnpike Suite 204  
Middlebury, CT. 06762  
203-758-2753