



*Unlocking the Cellular Sequence of Life*

**2430 Vanderbilt Beach Road, Suite #108-410**

**Naples, Florida 34109 USA**

**Office (800) 516-3040 Fax (239) 596-9803**

**Email: [coaching@thehealingcodes.com](mailto:coaching@thehealingcodes.com) Website: [www.thehealingcodes.com](http://www.thehealingcodes.com)**

### **PRACTITIONER APPLICATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **EMPLOYMENT EXPERIENCE** (List most recent experience first)

**Describe types of employment experiences, responsibilities, & skills developed:**

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**Describe the greatest challenges in those work environments:**

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**Within the past three years, what job responsibilities have given you the most personal satisfaction and why?**

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Has any employer ever subjected you to disciplinary action, suspended, terminated, or asked you to leave a job or volunteer position on the grounds of any unlawful sexual behavior, or violation of an employer's sexual misconduct or harassment policy?  Yes  No

Have you ever been convicted of a criminal offense (misdemeanor or felony, other than minor traffic violations) in a court of law?  Yes  No  
If yes, please give the nature of the offense, date of conviction, and location of the court:

**EDUCATION**

Include technical schools and/or other specialized training as it relates to this work.

Level	Name of school	City/State	Major/Minor	Years completed	Diploma/Degree
High School/ Secondary					
College/ University					
Graduate School					
Other:					

**PROFESSIONAL/CHARACTER REFERENCES**

List below four persons (other than relatives) who are familiar with your character, professional qualifications, and experience and to whom we may direct inquiries.

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Name	Address	Telephone
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Name	Address	Telephone
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Name	Address	Telephone
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Name	Address	Telephone
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**GENERAL INFORMATION**

Please tell us about your personal and spiritual background that would lead you to desire to be a Practitioner with The Healing Codes. Use as much space as you need.

Please tell us about your training and experience in the field of energy work. Use as much space as you need.

**APPLICANT STATEMENT**

I authorize Dr. Alex Loyd Services, LLC d/b/a The Healing Codes to contact references and others whose names I have provided on this application, or those whom I may identify in an interview. I also authorize these persons to provide Dr. Alex Loyd Services, LLC with any information requested as part of the interview/reference process. These individuals, as well as Dr. Alex Loyd Services, LLC, are released by my signature of any claims I might have arising out of any discussions involving me, or the provision of any information or records regarding me.

I authorize Dr. Alex Loyd Services, LLC to investigate all statements made by me in this application, and review any civil or criminal records concerning me, except for such records as are sealed according to state or federal law.

I understand that false or misleading information given in my application or interviews could result in my failure to receive an offer to be a Practitioner, or my dismissal from The Healing Codes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please fax or e-mail this application to The Healing Codes. You may include current resume or curriculum vitae, if you desire.**

## **Questions for Perspective Healing Codes Practitioners**

- 1. Where are you located?**
- 2. How did you hear about the Healing Codes?**
- 3. Have you ever done any type of coaching before?**
- 4. What was your initial motivation for purchasing the Healing Codes Package?**
- 5. Have you completed the “12 Days to a Changed Life” in your Healing Codes package?**
- 6. Have you been coached by a Certified Healing Codes Practitioner?**
- 7. How are you using The Healing Codes for yourself and family?**
- 8. What is your experience with being coached?**
- 9. What is your professional background?**
- 10. What professional certifications and licensures do you have now, or have had in the past?**
- 11. Are you planning to use the Healing Codes in your private practice?**
- 12. Give four examples of how the Healing Codes have helped you.**
- 13. What do you plan to do as a Certified Healing Codes Practitioner in the future?**
- 14. Do you plan to use your Healing Codes expertise in a special niche, i.e. children, animals, etc.?**
- 15. What do you feel you will personally gain from becoming a Certified Healing Codes Practitioner?**
- 16. What do you feel your personal strengths are?**
- 17. What areas of Healing Codes Practitioner training do you anticipate needing the most help with?**
- 18. In what ways do you feel your Mentor Practitioner can best serve you?**
- 19. What are the best times to contact you for training?**
- 20. Any miscellaneous comments?**