

The Reiki Training Program
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THE REIKI TRAINING PROGRAM

APPLICATION FOR ADMISSION

Program for which you are applying: (circle one) State Registered Reiki Practitioner
State Registered Reiki Master

Applicant Name: _____ Date: _____

Address: _____

Telephone: _____ (day) _____ (eve) _____ (email)

Date of birth: _____ Highest Education achieved: _____

Social Security Number (For State of WA Registration) : _____

Current Employment:: _____ Emergency contact: _____

How were you referred to the Reiki Training Program: _____

1. Briefly state your motivation for taking this program:
2. What kinds of experiences have you had with healing work, both in giving and receiving?
3. What is your definition of a Reiki practitioner? Reiki master?
4. Are you currently under treatment, or have you ever been treated for any psychological condition including addictions?
If yes, please describe the condition, the treatment and your current condition:

Personal (not a relative but someone who has known you at least 3-5 years) and/or professional resources:

Name
Address
Phone/email

Name
Address
Phone/email

Name
Address
Phone/email

I understand that the information I have provide above is true and complete. If any of the information changes, I will take responsibility to notify the Program.

Signed _____ Date _____