



**Shamanic Passage**  
Shamanic Practitioner Apprenticeship Training  
**Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Energy Modality (Other training you have attended): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you hold any certifications, licenses in traditional medicine, complementary medicine or psychology?

If so, list and give your training. \_\_\_\_\_

\_\_\_\_\_

Have you ever undergone psychotherapy for emotional or mental reasons?

If so, do you feel that the situation was resolved? Are you currently undergoing

treatment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently have a medical condition that in any way impairs or limits your ability to practice Shamanic energy sessions with reasonable skill and

safety? \_\_\_\_\_

\_\_\_\_\_



Are you currently free of disease that could be transmitted by giving or receiving a Shamanic session? \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Why do you want to apprentice with Shamanic Passage? \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, affirm that I have read and understand the guidelines for admission into the Shamanic Practitioner Apprenticeship Program with Shamanic Passage, LLC.

Upon completion of the requirements to become a Shamanic Practitioner, I agree to abide by the items listed in the Contract. Without the Contract and completion of all and full courses, a certificate will be withheld until requirements are completed. By signing I agree to the Standards of Practice as given. I state my intent and commitment to uphold the Shamanic Passage LLC's Purpose and Philosophy in my Shamanic Practitioner's Practice.

I affirm my signature \_\_\_\_\_

Printed name \_\_\_\_\_

On this day \_\_\_\_\_



## Shamanic Passage

Shamanic Practitioner Apprenticeship Training

### Consent and Release

In applying for Shamanic Practitioner Apprenticeship Training,

I, \_\_\_\_\_, hereby:

Authorize the Shamanic Passage LLC, to consult with my prior and current references that may have information bearing on my professional competency, character, health status, ethical qualifications, ability to work cooperatively with others and other qualifications

Three References: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consent to release: I release from liability Shamanic Passage LLC, its staff and their representatives for their acts performed and statements made in good faith and without malice in connection with evaluation of my application, my credentials and my qualifications.

I acknowledge that I, as an applicant for apprenticeship, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications and for resolving any doubt about such qualifications.

THIS SIGNATURE CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN MY APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of signature: \_\_\_\_\_