



Institute of African Centered Thought

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IACT PATH Course Registration

Learner Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Course Applied for: _____

Ancestral Healing Circle Facilitator YES NO Social Worker Advocacy Guide YES NO

Ancestral Healing Holistic Healer YES NO If yes, when? _____

Root Psychology I YES NO

If yes, explain: _____

Education

College: _____ Workforce Development Programs: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Registration

Course: **Ancestral Healing Circle Facilitator** _____

Investment: **See Path Course Schedule for Rate** _____

From: **October 11** To: **October 13** Certificate granted: **Yes** _____

Check Form of Registration Payment

CashAP

\$OAwodola: _____

Paypal iactnow0119.com: _____

Registration

Due: **October 1, 2022** _____

Disclaimer and Signature

I certify that I am not to share course content outside of this training without consent from IACT.

I understand that there are no refunds once the course begins.

Signature: _____ Date: _____