



# Certified Instructor Application New Form, for year: \_\_\_\_\_

*Please print.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (fax) \_\_\_\_\_ (other daytime #) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

I understand that the contact information given above is specifically for internal use by the College of Tao and CHI Health Institute. For the CHI website ([www.chihealth.org](http://www.chihealth.org)) directory and other public use, I prefer the following:

- Use the same contact information as above.
- Use the contact information above, without my street address, zip/postal code or telephone.
- Substitute the following mailing address, telephone and/or email address

I would like my name to appear on my teaching certificate, and in other public use, as:

\_\_\_\_\_

I am seeking certification as a Certified Instructor for the following Ni family chi movement art (Choose one movement form below and check the levels for which you are applying):

## Harmony Tai Chi

- Level 1: 18-Step Short Form
- Level 2: 28-Step Intermediate Form
- Level 3: 58-Step Yin Section Long Form
- Level 4: 50-Step Yang Section Long Form
- Level 5: Push Hands
- Level 6: All HTC Instrument Forms

## Tai Chi Straight Sword

- Level 1: Short Form
- Level 2: Long Form

## Dao-In

- Level 1: Short Form
- Level 2: Intermediate Form
- Level 3: Advanced Form

## Eight Treasures

- Level 1: Eight Little Treasures
- Level 2: Eight Treasures 1-4
- Level 3: Eight Treasures 5-8

## Cosmic Tour Ba Gua

- Level 1: Merry-Go-Round
- Level 2
- Level 3
- Level 4
- Level 5
- Level 6
- Level 7
- Level 8
- Level 9

## Crane Style Chi Gong

## Self-Healing Chi Gong

## Taoist Meditation



# Certified Instructor Application (Continued)

All fees are payable in US dollars by a single check, money order, travelers check or bank draft to "CHI Health Institute"

### First Year Certification Fee Prorated Scale

If you are applying in:	Then you pay:
January	\$75
February	\$69
March	\$63
April	\$56
May	\$50
June	\$44
July	\$38
August	\$31
September	\$25
October	\$19
November	\$13
December	\$6

### Certification Check List

- I have completed this application form & enclosed a photo of myself (head and shoulder shot)
- I have enclosed the application fee of \$50 (made payable to "CHI Health Institute") **OR**
- I am a Yo San University Master's Degree student. I have enclosed the application fee of \$25.
- I have enclosed the 1<sup>st</sup> year certification fee (use prorated scale above). Both of the above fees may be included in a single check payable to CHI Health Institute.
- I have completed the CHI-Approved "Instructor Training Intensive" administered by a Senior Instructor **(Senior Instructor must send an email confirmation of completion to CHI)**
- I have passed the Practical Exam administered by Senior Instructor **(Senior Instructor must send an email confirmation of "pass" to CHI)**

When the above items on the checklist are completed, then you will be sent a Teaching Certificate from CHI showing your rank, form, and level (if applicable) for which you are certified to teach. This is your official teaching credential which applies only to the form indicated.

I hereby certify that the foregoing information, and all enclosures, is true and correct. I agree to provide supporting documentation, if requested. As a CHI-certified Instructor, I will conduct my personal and professional activities in accordance with the highest moral standards. I understand that CHI requests a voluntary 5% yearly donation on net teaching income (after expenses) to CHI Health Institute at the end of each year with my certification renewal for the following year.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Send completed application (both pages) and payment to:*

CHI Health Institute: Applications  
P.O. Box 2035  
Santa Monica, CA 90401