



Annual Renewal Application, 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) 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 renewing my certification for the following Ni family chi movement arts (Choose the movement arts and levels for which you are renewing your certification):

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



Annual Renewal Application (Continued)

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

Renewal Check List

- I have completed this application form
- I have enclosed the renewal application fee of \$75 (made payable to "CHI Health Institute") **OR**
- I am a Yo San University Master's Degree student. I have enclosed the application fee of \$50.

Note: The renewal fee of \$75 (or \$50 for Yo San students) now covers any and all forms, levels, and ranks for which you are certified (whether you are certified in one movement art or several).

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: Renewals
P.O. Box 2035
Santa Monica, CA 90401