



Senior Instructor 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.

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

I am seeking certification as a Senior Instructor for the following Ni family chi movement art (Choose one movement form below, check levels that apply).

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



Senior Instructor Application (Continued)

Certification Check List

- I have completed this application form
- I have enclosed the application (processing) fee of \$50 (made payable to “CHI Health Institute”)
- I have passed the Practical Exam administered by a Provisional Master Instructor
(Provisional Master Instructor must send an email confirmation of “pass” to CHI)
- I have joined and/or maintain membership in the Integral Way Society (see enclosed information)
- I have completed the CHI-Approved “Senior Instructor Training Intensive” administered by a Provisional Master Instructor
(Master Instructor must send a confirmation letter of completion to CHI by mail or email)

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

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

Integral Way Society

P.O. Box 1530, Santa Monica, CA 90406-1530

Email: info@integralway.org

Web: <http://www.integralway.org>

Tel: (310) 576-1902

The Integral Way Society (IWS) is a non-profit, inclusive, mutually supportive and spiritually focused organization of individuals dedicated to supporting the self-development of all people. Its mission is to assist people throughout the world in achieving physical, mental and spiritual health by nurturing individual self-respect and by offering time-tested methods of individual self-improvement based on the principles of the I Ching and of Lao Tzu's Tao Teh Ching, the Integral Way. Further elucidation of these ancient teachings by Hua-Ching Ni provides the foundation for the IWS's spiritual purpose and direction.

MEMBERSHIP: The IWS accepts as a member any person who wishes to support or help the organization accomplish its spiritual purpose and goals by studying the books of Hua-Ching Ni, taking classes from a IWS mentor, or by participating in a IWS study group. Members are also welcome to participate in a variety of volunteer activities with mentors and other members.

Members pay a donation of \$30, which entitles them to a one-year subscription to the IWS quarterly newsletter, **Integral Voyager**, and to a 10% discount from SevenStar Communications on all books, videos and audio tapes. Members are also eligible for a special discount on the IWS Annual Retreat and other special events.

MENTORSHIP: A mentor is a student who prepares to give service as a teacher or other position of responsibility, and to live a complete life by helping human society for mutual spiritual growth. A mentor is a person of upright spiritual qualities who is ready for a higher commitment and binds himself/herself to meritorious conduct in professional and personal life. Mentors extend themselves to fulfill virtuous spiritual service in the world. This may be accomplished through teaching certified movement, study group and other classes, through supporting activities such as editing books and organizing activities, and other avenues of service. Mentors pay a donation of \$50, and receive the **Integral Voyager** newsletter. Mentors also receive special discounts.

To inquire about mentorship, please write a letter of interest to the IWS. Applicants will be requested to join the IWS as a member for one year, and to read the basic-level books outlined in *The Golden Message*.

INTEGRAL VOYAGER: The IWS newsletter informs members, mentors and subscribers of IWS activities, as well as related activities of the College of Tao, SevenStar Communications, Traditions of Tao, and Yo San University. The newsletter's mission is to provide an effective way for people to learn about the teachings of the Universal Way and follow the activities of the IWS. Each issue contains up-to-date news on the teachings and activities of Hua-Ching Ni, new publications from SevenStar Communications, worldwide activities of IWS mentors and members, and opportunities for participation in IWS through volunteer projects.

To subscribe to the newsletter or apply for IWS membership, please complete the form below. Make check or money order payable to "Integral Way Society", and mail payment with form to: Integral Way Society, PO Box 1530, Santa Monica, CA, 90406-1530. Phone inquiries: 310-576-1902. You are also invited to visit our website at "<http://www.integralway.org>". A sample copy of the newsletter is available, at no charge, upon request.

INTEGRAL WAY SOCIETY MEMBERSHIP/SUBSCRIPTION FORM

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE/FAX: _____ EMAIL: _____

- One year subscription to **Integral Voyager**. \$10 in the US, \$17 outside the US.
 One year membership in the Integral Way Society. \$30 (includes one year subscription to **Integral Voyager**)

Payment by:

Visa/Mastercard Credit Card #: _____ Expiration Date: ____/____

- or - Signature: _____

Check #: _____ Please make payments to "Integral Way Society" in US Dollars by check, money order, bank draft, or travelers check.

Send completed registration form and payment to:

Integral Way Society, PO Box 1530, Santa Monica, CA 90406-1530, USA.