



Body Wisdom, Inc.
8401 Douglas Avenue #2 , Urbandale, Iowa 50322
(515) 727-4890
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www.bodywisdomschool.com

Application for Reiki Master Certification Program

Please print:

Form fields for personal information: (Last Name), (Middle Initial), (First Name), (Social Security No.), (Street Address), (City), (State), (Zip), (Date of Birth), (Cell Phone), (Home Phone), (Work Phone), (Personal E-Mail), (Current Occupation)

Emergency / Contact Information

In case of an emergency Body Wisdom Inc. may contact the following persons to inform them of my condition and/or request that they make decisions on my behalf. These persons shall also provide my contact information to the school, in case I cannot be reached.

Form fields for emergency contact information: (Full Name of Emergency Contact Person 1), (Cell Phone), (Home Phone), (Work Phone), (Relation), (Full Name of Emergency Contact Person 2), (Cell Phone), (Home Phone), (Work Phone), (Relation)

Release of Information

I agree that Body Wisdom Inc. may release or request information related to my person, my student account and/or academic details to and from the following person/s:

Form fields for release of information: (Name of Emergency Contact Person 1), (Relation), (Cell Phone), (Home Phone), (E-mail), (Full Name of Emergency Contact Person 2), (Relation), (Cell Phone), (Home Phone), (E-mail)

This agreement is a legally binding document when signed by the student and accepted by the school. By signing this agreement, you acknowledge that you have been given sufficient time to read and discern all parts of this document. You further agree that you have been given the School Catalog, Student Handbook, Substance Abuse Policy, and Sexual Harassment or Abuse Policy to read, which are likely to influence your decision to enroll, s. a. below items items – for full details refer to above documents.

Terms - All school policies apply. Tuitions and costs for the program are billed upon receipt of application and registration fee and due as indicated on such invoice/s, generally 30 days prior to program start date. The school's SAP (Satisfactory Academic Progress) policy applies – for details please refer to the Student Handbook. The Reiki Master Certificate will only be issued upon full completion of all program components (see Program Costs below) and total payment received in full.

Refund Policy – A student, who submits a Reiki Master Certification application, has the right to withdraw within the following 24 hours at no charge. With any later withdrawal of 14 or more days prior to the first class, the school will not refund the registration fee, but does not charge for tuitions and costs. In case of withdrawal of less than 14 days prior to program start, the school shall retain/receive 10% of tuitions in addition to the non-refundable registration fee. In case of program withdrawal at least 30 days prior to the start of the Reiki Master Course, the school shall retain/receive 50% of tuitions, costs, and fees. No refunds are given in case of any later withdrawal. In case a full course or one or more individual course class/es is/are rescheduled by the school due to weather conditions, which result in irresolvable scheduling conflicts for the course participant, all charges for tuitions and registration fee may be transferred to an entirely different course date or another course choice. In such case, any course fees may or may not be transferrable or refundable, as determined by the school in such case. In case the school cancels a course, all paid monies, including the registration fee, are refundable or transferrable. The school processes refunds within 45 days of official cancellation or withdrawal.

Interest Charges - Delinquency - Collections - Payments that are 30 days delinquent will result in the cancellation of any payment terms AND the student's entire balance becomes due immediately. Moreover, Body Wisdom School will charge the delinquent student's account a monthly interest charge of 1.5% or \$25, whichever is greater. Body Wisdom School reserves the right to initiate collection processes on account balances after 30 days of initial delinquency. Body Wisdom School will charge a collection fee of \$100 or 25% of the outstanding balance, whichever is greater.

Program Costs: A \$50 non-refundable Registration Fee is due for Admission.

The 70-Hour Reiki Master Certification costs of \$895, cover tuitions, manual, equipment, supplies, and certificate plus the following program components:

- 16-Hour Reiki Intensive – please enter course date you apply for: .....
8-Hour Student Clinic Course – to be scheduled and performed in house (within regular clinic hours Mo-Fr 10-9 and Sa 10-5), prior to attending Reiki Master Course.
22 Documented Practice Hours – to be performed outside of the school (and documented in school-accepted format) in between Reiki Intensive and Reiki Master courses.
16-Hour Reiki Master Course – please enter course date you apply for: .....
8-Hour Student Clinic Course – to be scheduled and performed in house (within regular clinic hours Mo-Fr 10-9 and Sa 10-5), after attending Master Course.

My initials confirm that I agree with all details on this first page of the three-page document:.....

**PAYMENT:**

**A. General Payment Terms:**

The \$50 non-refundable registration fee must be submitted with the application and will only be charged upon acceptance into the Reiki Master Certification program with all requested courses/dates. The \$895 Reiki Certification Costs are due at least 30 days prior to program start date. Body Wisdom School withholds the right to terminate an Enrollment Agreement at any time in case of delinquencies or non-compliance of the student with school policies at the student's expense. No official documents or certification papers are issued until all balances are paid in full.

**B. Payment Options – Please select one of the following:**

**1. Payment in Full** (Body Wisdom accepts Checks, Money Orders, Cash, Visa/Master/Discover):

I include the non-refundable Registration Fee of \$50.00 with this completed Application Form; and I agree to pay all amounts on time, as described above (see par. A.). I know that the school will only hold the space for me in the individual courses as scheduled (see pg. 1), once the down payment of 25% of the total of tuitions, fees, manuals/texts has been posted to the school's account.

Checkmark above and sign here for payment option B.1.: .....

OR:

**2. Financing**

a) The non-refundable Registration Fee of \$50.00, must be included with this completed Enrollment Agreement Form (also see pg. 3). Federal Financial Aid is NOT available for this program and the school offers custom in-house payment plans. Applicants may schedule a private consultation for this purpose with: Student Counselor, G Kelley \* 515-727-4890 \* [G.Kelley@bodywisdomschool.com](mailto:G.Kelley@bodywisdomschool.com)  
Please indicate your preferred payment choices:

b) Applicant's Payment Plan Proposal: I propose to pay the total program costs of \$895 as follows (use additional paper if needed):

- 1<sup>st</sup> Payment Payment of \$..... on ..... (enter date); by Check, Cash, Debit, Credit Card (circle one).
- Regular weekly, bi-weekly, monthly payments (circle one) in the amount of \$..... per each ..... (enter date);  
by Check, Cash, Debit, Credit Card (circle one).

Please use this Debit/Credit Card for automatic payments #: ..... Exp.Date: ..... CVC: .....

Cardholder Name: ..... Card Holder Signature: .....

Payment card billing address: .....  
(if different than page 1)

Checkmark above and sign here for payment option B.2.: .....

**Personal Information** (use additional paper if needed)

How did you hear about the school? .....

Is your current health: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Satisfactory \_\_\_\_\_ Poor ? Do you use any medications: Yes / No

Are you physically or mentally challenged in any way? .....

You will be required to inform the school in case of pregnancy—are you currently pregnant? .....

Do you have previous training within the health care domain? .....

If so, please list: ..... Date completed (mo/year)? .....

..... Date completed (mo/year)? .....

Do you currently hold a valid License to practice Massage? Yes / No If yes, issued by which State?: .....

What is your professional experience, if any, so far? (List details or attach resume) .....

.....

.....

My initials confirm that I agree with all details on this third page of the four-page document:.....

Are you new to recovery (within last 12 months) or have you had a communicable disease in the last two years (examples: hepatitis, lice, HIV, scabies, etc.)?

.....

Please describe any learning disabilities or past / recent injuries due to accidents or sports: .....

.....

Have you ever been charged with a felony, crime or assault—please list below: (Incorrect information or lack of disclosure may affect a student's acceptance, criminal back ground checks may be conducted)

.....

.....

What is your personal and/or professional goal for enrolling in this program? .....

.....

Your challenges: .....

.....

Your strengths: .....

.....

**ENROLLMENT AGREEMENT:**

This form, when completed, signed and dated, serves as your application for acceptance and enrollment agreement into a Reiki Master Certification Program with Body Wisdom School, if submitted with below items, and as follows:

- 1. Complete this form to the best of your knowledge and sign and date below (you may schedule to do this with the assistance of a student counselors.
- 2. Include a photo copy of your driver's license (if not available you may use copy of birth certificate and a recent photograph)
- 3. Submit your payment of the Registration Fee (non-refundable once accepted and registered) of \$50.00 - Choose a payment option:

Enclosed is a check/money order in the amount of: \$ ..... (please don't send cash by mail).

or

Charge my Credit/Debit Card in the amount of \$ ..... Card Number: .....

Exp. Date: ..... CVC: ..... Cardholder: ..... Cardholder's Signature: .....

Card Billing Address: .....  
(if different from page 1) (Street) (City) (State) (Zip)

Please also charge above credit/debit card with the remainder of my balance/s as due.

or

I agree to pay the balance/s as due by (please check one):  mailing a check  calling w/a credit card  paying in person.

I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE AND STATE THAT THE INFORMATION GIVEN IS TRUE AND CORRECT. I FULLY UNDERSTAND, AGREE TO, AND WILL ABIDE BY THE REGULATIONS AND POLICIES STATED WITH THIS FORM, THE STUDENT HANDBOOK, AND ALL SCHOOL POLICIES. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ, UNDERSTOOD AND AGREED TO MY RIGHTS AND RESPONSIBILITES AS STATED WITH THOSE DOCUMENTS AND THIS FROM.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**ACCEPTED BY:**

\_\_\_\_\_  
(School Official)

\_\_\_\_\_  
Date