

**SOUL STUDIES INSTITUTE
STUDENT APPLICATION**

The following is your application to Soul Studies Institute. It serves as an intention for your life's work.

Today's Date: _____

Name: _____ Date of Birth: _____ Age _____

Address _____

City: _____ State: _____ Zip: _____

Telephone: (home) _____ work or cell) _____

Email: _____

When do you desire to begin the process?

____ Jan ____ Feb ____ March ____ April ____ May ____ June

____ July ____ August ____ Sept ____ October ____ November **Year** _____

I am interested in:

____ Transformation Life Coach ____ Supervision

____ Shamanic Minister

1. Write a personal statement here including your background, those persons and events which had the greatest impact on you in your life, your educational and professional goals and what has most inspired you to do this work and study. Include information concerning your own personal healing and transformation process.

2. Education:

Institution Date	Field of Study	Degree
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Write about any LIFE OR WORK EXPERIENCE that you would like to apply or credit to this training. (Attachments Accepted)

3. Write about your future vision and dream as it relates to the completion of this training.

4. Write about your present immediate family relationships. How will this process affect these relationships and how do you/will you integrate personal healing and transformational work/academic study with family?

5. What is the next step for you in your personal healing and transformational journey?

6. How will you finance your education at Soul Studies Institute?

7. Any other comments or information you feel is important to know for us to know about you:

COMMITMENT TO THE SOUL STUDIES TRAINING PROGRAM

I, _____ am making application on this
_____ Day of _____ 20__, to begin The Imagination Certificate Training
Program for Transformation Life Coach and/or Shamanic Minister certificate.

I understand and agree to the following commitments involved as I undergo the training process:

1. I commit to the 1-2 year training process, giving my time and energy for focus on academic tasks and assignments, such as the reading of books, writing papers, completing projects and similar academic tasks.
2. I am committed to the time and energy to attend multiple groups and training sessions each week and month - arriving early for set up and supervision, remaining after groups for clean up and process work; showing up on time and being present.
3. If I am a distance learner, I commit to attending a minimum of 9 Imagination Weekend trainings during the 2-3 process as well as special weekend courses when applicable per the curriculum and my individualized program.
4. I commit to the financial investment of \$5500 to be paid in full prior to the beginning of the training unless otherwise arranged through the business office and contractual agreement.
5. I commit to confidentiality and to following personal ethical behaviors and intern principles as presented to me.
6. I commit to being clear minded, free from mind altering drugs and medications natural or otherwise.
7. I understand there is a re-certification process, which I am required to attend at least one time each year to continue my certification as an Imagination Transformation (dates, times, fees to be announced.)
8. I commit to my own personal healing, transformation and passion as I begin this educational journey.
9. I commit myself as a Transformer on the Planet committed to acts of creation, peace, love and service.

Applicant Signature

Date

7Confidentiality Agreement Student/Volunteer
Soul Studies Institute, Inc.

As an volunteer/student at Soul Studies Institute, you may have access to “Confidential Information”. The purpose of this agreement is to help you understand your obligations regarding confidential information.

Confidential information is protected by Federal and State laws, regulations, including HIPAA, the Joint Commission on Accreditation of Healthcare Organizations standards, and strict Institute policies. The intent of these laws, regulations, standards and policies is to insure that confidential information will remain confidential - that is, that it will be used only as necessary to accomplish the purpose for which it is needed.

As a volunteer/student, you are required to conduct yourself in strict conformance with applicable laws, standards, regulations and Institute polices governing confidential information. Your principal obligations in this area are explained below.

You are required to read and to abide by these rules. Anyone who violates any of these rules will be subject to discipline, which might include, but is not limited to, termination of privileges or expulsion from the Institute. In addition, violation of these rules may lead to civil and criminal penalties under HIPAA and potentially other legal action.

As an volunteer/student, you may have access to confidential information, which includes, but is not limited to, information relating to:

- Medical record information (includes all patient data, conversations, admitting information, demographic information and patient financial information).
- Protected Health Information (PHI) as defined by HIPAA includes, but is not limited to, names, all geographic subdivisions; all elements of dates (except year) for dates directly related to an individual, telephone numbers, fax numbers, electronic mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers, device identifiers and serial numbers, web universal resource locators (URLs), internet protocol (IP) address numbers, biometric identifiers, including finger and voice prints, full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code.
- Employee information (i.e., social security number, employment records, and disciplinary actions)
- Institute information (i.e., financial and statistical records, strategic plans, internal reports, memos, contracts, quality and peer review information, and communications).

- Computer programs, client and vendor proprietary information, source code, and proprietary technology. In the event that you do have access to confidential information, you hereby agree as follows:
- Use confidential information/data as needed/necessary to perform your duties as a volunteer/ student affiliated with the Institute. Do not misuse confidential information/ data or be careless with it.

- Do not divulge, copy, release, sell, loan, review, alter or destroy any confidential information/ data except as properly authorized within the scope of your professional activities affiliated with the Institute.

- Oral Communication: A guiding principle in all communication is to think before you speak and keep in mind both the clients' right to privacy and our mission to restore dignity. Whenever possible we should avoid asking them for personal information in the presence of other clients; use as quiet a voice as possible while in waiting room setting; we cannot prevent some things from being overheard, but we can make every reasonable effort to provide as much privacy as possible.

- Accept responsibility for all activities undertaken using your assigned access code and/or any other authorizations that allow you to view confidential records of any kind.

- Report activities by any individual or entity that you suspect may compromise the confidentiality of information. The University will make all attempts possible to keep good faith reports confidential. However, absolute confidentiality cannot be guaranteed.

- Understand that your obligations under this Agreement will continue after your affiliation with the Institute terminates.

- Understand that any of your access privileges to confidential information/data are subject to periodic review, revision, and, if necessary, modification and/or termination.

- Understand that you have no right or ownership interest in any confidential information/data.

- You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard confidential information/data or your password or any other authorization that allows you to access confidential information/data.

- The Institute may take disciplinary action against you up to and including termination or expulsion in the event you violate this Confidentiality Agreement. In addition, the Institute may initiate legal action including but not limited to civil litigation or criminal prosecution.

“I certify that I have read and understand the Confidentiality Statement printed above and hereby agree to be bound by it.”

Print Name

Signature

____/____/____ Date

Original copy to be retained by the Institute and a copy to Volunteer/Student Revised
01/16