



Institute for Mediumship, Psychic, Astrological, & Reiki Training

A Division of Anne Reith, Ph.D., Inc.

im part (v.): to bestow sacred knowledge upon

APPLICATION FORM FOR IMPART CERTIFICATION PROGRAM

Date _____

CONTACT INFORMATION

Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Email Address _____

Cell Phone Number _____

Home Phone Number _____

ENTRANCE REQUIREMENT

I am eligible to apply to an IMPART Certification Program based on my completion of the following Entrance Requirements (**both are required**):

_____ I have attended 10 of Anne’s Thursday evening “Psychic Development, Mediumship, & Channeling” classes

_____ I have completed 3 healing courses taught by Anne (e.g., Reiki I, Reiki II, Reiki III/Advanced Reiki Training)

PROGRAM SELECTION

I am applying for the following IMPART Certification Program(s) (***must select at least 1 Program***):

_____ Healer

_____ Psychic

_____ Medium

REGISTRATOIN FEE

Your Registration Fee must be submitted with this completed Application Form
(*mark appropriate option*):

- _____ 1 Program = \$150
- _____ 2 Programs = \$250
- _____ 3 Programs = \$300

AGREEMENTS

I have read the following IMPART Certification Program documents and policies, which are located on Anne’s website. I understand and agree to abide by the following (*initial next to all 3 items*):

- _____ IMPART Certification Program Policies & Procedures
- _____ IMPART Certification Program Code of Ethics
- _____ IMPART reserves the right (a) to no longer offer a course included in a Certification Program, (b) to change the manner in which a required course is taught (e.g., in-person versus electronic), and/or (c) discontinue any Certification Program. All currently enrolled Certification Program students will be notified at least one year in advance of any changes that might impact the integrity of their Certification Program. (*See Policies & Procedures for more information.*)

(FOR OFFICIAL USE ONLY)

REGISTRATION FEE(S)

Workbook Given? YES

<p>Psychic Program Date of Payment _____ Method of Payment _____ Amount Paid _____</p>
<p>Mediumship Program Date of Payment _____ Method of Payment _____ Amount Paid _____</p>
<p>Healer Program Date of Payment _____ Method of Payment _____ Amount Paid _____</p>