

Texas Institute for Homeopathy

Enrollment Application for Clinical Course

Please **PRINT** clearly and be as thorough as possible.

All the information is needed for administrative purposes.

Please circle anything you do **NOT** want published in the student directory.

Full Name: _____

Occupation: _____ Date of Birth: _____ / _____ / _____ Sex: _____
Month Day Year

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Mobile: (____) _____

Email: _____ Social Security #: _____

Work Name: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ Fax: (____) _____

Previous Homeopathic Education:

Please list any formal education, (i.e. with whom/school), dates attended, and hours conferred.

Other education and/or licenses:

Signature: _____ Date: _____

Application must be accompanied by \$ 500.00 deposit check.

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Webstie: www.Texashomeopathy.com