



THE ZERO BALANCING CERTIFICATION PROGRAM

Application

Please submit the following items with this application:

- 1. A statement of what attracts you to this program.
- 2. Copies of professional licenses or certificates in the healing arts.
- 3. Two passport-sized photographs.
- 4. A letter of reference from a Zero Balancing faculty member.
Faculty members have a formatted letter that should be sent directly to the Zero Balancing Health Association office.
- 5. A signed form agreeing to abide by the Zero Balancing Health Association policies on teaching and copyright. A copy will be returned for your records.
- 6. Payment toward the Certification Program:
The cost of the Certification Program is \$600.00, payable in full with this application form, unless other arrangements have been made with the Zero Balancing Health Association office.

The Zero Balancing Health Association
Kings Contrivance Village Center
8640 Guilford Rd, Suite 240
Columbia, MD 21046
Telephone: 410-381-8956 Fax: 410-381-9634
E-mail: ZBAOffice@zerobalancing.com
Website: www.zerobalancing.com

THE ZERO BALANCING CERTIFICATION PROGRAM ■ APPLICATION

Please print clearly

Name _____ Age _____ Gender _____

Home Address _____

City _____ State _____ Zip _____

Office Address _____

City _____ State _____ Zip _____

Phone Numbers: Home _____ Office _____

Fax _____ E-mail _____

We rely primarily on e-mail to communicate with candidates.

Preferred address & phone number for mail list & referrals: Home Office

Schools Attended Since High School	Dates Attended	Area of Study	Degree	Date Received

Professional Experience:*

Present Occupation:

Previous Study of Other Healing Arts: (indicate length of programs)

Is your involvement in the healing arts Full time Part time Other _____

** If you want additional space to write please attach another sheet of paper.*

List current licenses and/or certificates in the healing arts from state, federal, or other agencies:

Title	Issuing Agency	License Number	Issuing Date	Expiration Date

Zero Balancing Course Experience:

Name of ZB Course	Dates – mo/year	Location	Number of days	Instructor

Zero Balancing Clinical Experience:

Number of years using Zero Balancing: _____ Estimate total number of treatments given: _____

Current number of treatments given per week: _____ Length of time required to give a typical ZB: _____

Do you do relatively "pure" Zero Balancing: Yes No What % of pure ZB in your practice: _____

Have you incorporated ZB principles into another system? No if Yes Which? _____

What % of your work incorporates Zero Balancing Principles? _____

Location of most of your Zero Balancing treatments: Office Home Out-Call Other _____

Is Zero Balancing part of your vocation? _____ or avocation? _____

Was there a particular course and/or faculty member that was instrumental in your decision to join the certification program? If so, course name & date and/or faculty member's name: _____

Zero Balancing Personal Experience: (Number of treatments you have received, pertinent comments, etc.)

Is there a particular person you would like as your mentor? _____

(Whenever possible, we will honor your request)

What attracts you to this program? *(Please type on separate sheet of paper)*

Date of Application _____ Signed: _____

Your Anticipated Date of Completion for Certification Program: _____ *(average time 18-24 months)*



Agreement

I am applying for entrance into the Zero Balancing Certification Program. As part of the application, I agree to the policy statement of not teaching Zero Balancing without written permission, the policy on Registered Trademark and use of the term(s) and logo of Zero Balancing, and I understand the need to maintain a valid certificate or license in one of the healing arts in order to practice Zero Balancing.

A copy of this agreement will be signed by a representative of the ZBHA and returned to you.

Name _____

For official use:

Signed _____

Signed _____
for the Zero Balancing Health Association

Date _____

Date _____

Abstract from the Zero Balancing Health Association By-Laws

POLICY I. No one is to teach Zero Balancing, either personally or in writing, without the written consent of Zero Balancing Health Association or its legal representative.

POLICY II. The mark Zero Balancing and the logo are Registered Trademarks. The Zero Balancing Health Association allows members who are Certified Zero Balancing Practitioners to use these marks on an annual basis provided that (a) in the judgement of the Association they continue to act as responsible Zero Balancing Practitioners and (b) maintain active membership in the Association. The annual professional dues constitute the "license" fee to use the service mark and logo. Unauthorized

use could result in court action and assessment of damages.

PRIOR CERTIFICATION. The prerequisite for practicing Zero Balancing is to hold a valid current certificate in one of the healing arts. Zero Balancing is NOT meant to provide a legal base from which to engage in body-handling work.

NOTE: The logo and the trademark are for appropriate use on cards, stationary, etc. and not for gross advertising purposes as per the professional code. Please contact the Zero Balancing Health Association if there are any questions or to report any unauthorized or inappropriate use of these marks.