



## APPLICATION FOR LEVEL 1 & 2 INSTRUCTOR CERTIFICATION

*Those who are certified in this process will be qualified to teach both SFQ Level One and Level Two classes*

**Date:**

### Applicant Information

Name		
Street Address		
City		
State/Province		
Country		
Zip/Postal Code		
Home Phone		
Work Phone		Cell Phone
E-Mail Address		

### Education & Background

	Name	Degree/Diploma/Certification	Dates
Institution			
Location	Comments		
Institution			
Location	Comments		
Institution			
Location	Comments		
Institution			
Location	Comments		
Institution			
Location	Comments		

### Leadership and Teaching Development - optional (Classes or events you've taught or developed.)

	i.e. Formal classroom, business setting, yoga, etc.	Comments
Name of class		
Location		Dates
Name of class		
Location		Dates
Name of class		
Location		Dates

### Master Healer Level 1 Certification

You must be a Certified Master Healer Level 1 to apply for Certified Instructor. Please enter the date of your Master Healer Level 1 Certification.

Date:

### Spring Forest Experience Prerequisite Classes For Instructor Certification

	Location and Type of Training	Date
Level 4 (type: Class or Retreat)		
Qi~ssage (type: Home study/Class in-person)		
Finding your Soul Purpose (type: Home study/Class in-person)		

### Additional SFQ Training or Recognition

	Location / Detail	Date completed
Healing Connection		
Awakening the Master Within		
SFQ Classes or Workshops		
Previous SFQ Instructor Certification		
Other		

**Short Essays - Please attach additional pages if needed.**  
(As you type the space will automatically expand for your response.)

**1. How did you discover Spring Forest Qigong?**

**2. How has your life, and those in your community, changed since you began your practice of Spring Forest Qigong?**

**3. Please describe why you want to become a Spring Forest Qigong Certified Instructor.**

**4. Please describe how you plan to use this Spring Forest Qigong Instructor certification in your community.**

**5. What other skills, experiences, perspectives, interests, etc. do you bring to being a Spring Forest Qigong Certified Instructor?**

**6. Please describe your instructor support needs from Spring Forest Qigong in order fulfill your mission as a certified instructor. (Training, materials, nurturing, etc.)**

**SFQ Daily Practice**  
(Requirement is 1 hour daily)

**Please describe your current SFQ daily practice. (What, how often, duration, how you practice, etc.)**

**SFQ Practice Group**

**(Requirement is that you've led a practice group for 6 months after having completed Level 3)**

**Please tell us about your Spring Forest Qigong Practice Group. Describe duration of the meetings, number of attendees, and what a typical practice looks like. Tell us what changes you have noticed in your group members or yourself as a result.**

### Additional Requirements needed for Instructor Certification

**I have completed the additional requirements to be a SFQ Certified Instructor as follows:**

- **I have completed the 100 day practice**
- **I have studied the Head to Toe Healing Book**
- **I am an active, paid SFQ Guild Member**
- **I have provided three character reference letters**
- **Meet or exceed the standards found in the SFQ Code of Ethics\***
- **Commit to the SFQ Mission, Vision, and Values**

**This form must be signed by hand and scanned, faxed, or mailed to SFQ.**

**We would also appreciate you sending a personal bio if you have one. (This is optional.)**

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Signature

Date

### Certified Instructor Application Checklist

Before submitting your application refer to this checklist to insure all requirements are completed and all documents are included with the application.

Requirements for Certified Instructor

	Entered the date of Master Healer Level 1 Certification
	Have completed SFQ Level 4
	Have completed the Qi~ssage course
	Have completed Finding your Soul Purpose course
	Have a SFQ practice of 1 hour each day
	Have led a Practice Group for at least 6 months
	Have completed the 100 day practice
	Have studied the Head to Toe Healing Book
	Am an active paid Guild member
	Have provided three character references letters
	Have included a signed commitment to meet or exceed standards found in SFQ code of ethics
	Have commitment to the SFQ Mission/Vision/Values
	Have submitted resume or personal bio if I have one. (Optional)

**You will hear back within 30 days as to the status of your application.**

**Please e-mail or mail completed forms to:**

*SFQ Wellness Center  
7520 Marketplace Dr.  
Eden Prairie, MN 55344*

**Phone**

*952-593-5555*

**Fax**

*952-593-5557*