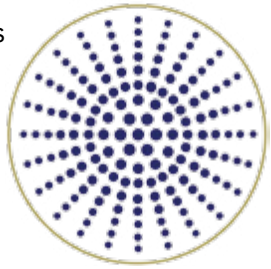
Psychic Skills Certification Program Application

Dear applicant,

Congratulations on choosing this powerful program – we are very excited to have you join the Psychic Skills Certification course on its magnificent year-long journey!



As you fill up the form below, please consider the questions carefully and provide answers that are as detailed as possible and are to the best of your knowledge or recollection.

Upon submitting your completed application, you may receive an invitation for an interview with the course instructor or a notification that your applications has been accepted, with links to complete your registration.

Should you encounter any technical issues with the application, please let us know at webmaster@edgarcaycenyc.org.

We wish you much success in this process and in all your endeavors!

Please return application by emailing it to psychicskillscertification@edgarcaycenyc.org or by calling Lin Hunter at 413 896 4350.

** indicates that information is required. Please write N/A if a question isn't applicable to you.*

First name*

Last name*

Your email*

Address*

City*

State*

Zip*

Home phone*

Business phone

Mobile phone*

Date of birth*

Sex

◯ Female ◯ Male

Place of birth

Present Occupation? How long?

What is your level of development in metaphysics? Tick one.

◯ Beginner ◯ Intermediate ◯ Advanced

Which area of the metaphysical are you most interested in?

Previous Training (List classes you have taken, if any.) Teacher/Location

Are you currently working as a practitioner? What area? Where? How long?

Are you currently teaching a metaphysical class? What class? Where? How long?

Level of Education:

☐ High School ☐ College ☐ Graduate work ☐ Other

If you chose Other for Level of Education please explain here:

Within the last six months, have you taken (or has a health professional advised you to take) any prescription medications or drugs which: a) affect your mental process or mood; or b) treat a "chemical imbalance"?*

◯ Yes ◯ No

If yes, please specify:

Have you undergone psychotherapy/ analysis?*

◯ Yes ◯ No

Have you ever been hospitalized for mental breakdown or illness?*

◯ Yes ◯ No

Have you had any seizures?*

◯ Yes ◯ No

Do you have epilepsy?*

◯ Yes ◯ No

Do you have any dislikes/intolerances?*

Participation in any other mind training activities (TM, Silva, Monroe Institute): *

◯ Yes ◯ No

If yes, have you had any difficulties?

◯ Yes ◯ No

If yes, please explain:

What specifically about this program motivates you to attend, and what benefits do you hope to receive?*

How did you find out about this program?*

Date of application:

Once your application has been approved, we will send you a link to where you can make the tuition payment. Alternatively, you can go to this page: https://edgarcaycenyc.org/psychic-skills-certification-program-tuition-installment-plans

Please note that a student can be dismissed from the Certification Program for not telling the truth on their application or in an interview with the instructor, or for being disruptive to the learning environment of other students. If a student has to be removed, it will be up to the A.R.E. of New York to decide whether or not a refund is due, and to what extent.