



## Heal It Forward Network Therapist Application

Instructions: Include a recent photograph, a copy of hands-on licensure document or equivalent documentation providing legal ability to practice, and a completed attached recommendation form.

Upon completion please return by fax, email, or mail to: The Dr. John E. Upledger Foundation  
11211 Prosperity Farms Road, D-223, Palm Beach Gardens, FL 33410

**Phone:** 561.622.4588    **Fax:** 561.627.9231    **Email:** info@upledger.org

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State:  
\_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Licenses Held:

\_\_\_\_\_

Specific Program of Interest (Concussion, General, or PTSD):

\_\_\_\_\_

*Feel free to attach additional pages for further elaboration on any response.*

License #: Type/Issued by (state, county, etc) \_\_\_\_\_

\_\_\_\_\_

Education (college and/or vocational): School name, location, date attended, degree\certificate:

\_\_\_\_\_

\_\_\_\_\_

Continuing education (outside of UI) - location, date, and sponsor: \_\_\_\_\_

\_\_\_\_\_

Professional experience (last 10 years) - location, specialty, title: \_\_\_\_\_

\_\_\_\_\_



Professional affiliations (last 10 years) - group name, your function: \_\_\_\_\_

\_\_\_\_\_

Client/patient population summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain your reason for applying for participation in this program.

\_\_\_\_\_

\_\_\_\_\_

Do you have experience treating professional athletes or veterans? Please circle and elaborate.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have prior experience treating in multiple hands intensives? Please elaborate:

\_\_\_\_\_

\_\_\_\_\_

Average number of clients per week on which you perform CST or other modality techniques: \_\_\_\_\_

\_\_\_\_\_

How often did you receive CST or other modalities for yourself during the past 12 months? \_\_\_\_\_

\_\_\_\_\_



Has any malpractice claim or suit ever been brought against you? \_\_\_\_\_ if so, please provide description and outcome:

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Have you been reprimanded, refused admission, suspended before any court or administrative agency, or otherwise disciplined as a result of an investigation of your professional conduct at the local, state/province or national level? \_\_\_\_\_ if so, please provide description:

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\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

*The Upladder Institute International thanks you for your interest in participating in our Intensive Programs.*

**For UIC Office Use Only:**

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Determination Date: \_\_\_\_\_

Date Accepted: \_\_\_\_\_

Comments: \_\_\_\_\_

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## Heal It Forward Therapist Recommendation

To be completed by teaching faculty, certified TA or certification examiner.

I am recommending (print): \_\_\_\_\_ to be considered as a  
UII Intensive Program Therapist.

Your Name (print): \_\_\_\_\_

Your Role/s at UII:

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Please provide the following information about the applicant:

Your professional relationship to the applicant:

TA alongside them: \_\_\_\_\_ Date of last time: \_\_\_\_\_

Instructor for classes/es: \_\_\_\_\_ Date of last class: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Has the applicant acted as a therapist for you? : \_\_\_\_\_

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What modalities did they use? : \_\_\_\_\_

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Why do you think the applicant would be a good UII Intensive Program Therapist?

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**