

Practitioner Questionnaire

Name _____ Date _____

Modality _____

Position you are seeking _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Telephone (other) _____

Fax _____ email _____

Background Information

Submit a resume, which includes the following information:

1. How were you educated?
2. What continuing education courses have you participated in during the last two (2) years?
3. How many years of experience in practice do you have?
4. Where have you been employed?
5. Do you have any direct experience working with conventional medicine? (describe)
6. Have you had any experience with research? (describe)

Personal Comments

Feel free to describe any other aspects of yourself you would like us to know.

References

Please provide four business and two personal references, including their phone numbers.

Business References

1. _____
2. _____
3. _____
4. _____

Personal References

1. _____
2. _____

Signature _____ Date _____

Thank you for your time and effort.