

Alliance Qi Gong Taiji, Inc.

APPLICATION FORM FOR INSTRUCTOR/LEADER'S CERTIFICATE



I, _____, declare that I am a:

- Tai Chi teacher
- Advanced Tai Chi Student of _____ year/s.
- Physiotherapist or Physical Therapist
- Occupational Therapist
- Nurse or Health Practitioner, my field is _____
- Accredited/Certified Exercise Instructor
- Certified Allied Health Assistants
- Other (of comparable qualification). My field of expertise is:

Below is a brief outline of my experience in my field. (Please include experience working with older people, people with arthritis and experience in exercise instruction):

My qualifications are (e.g. accreditation, degree, Tai Chi teacher, etc):

I declare to the best of my knowledge the above statement is true.

I agree that I must have a current certificate of a current accredited first aid course or similar qualification eg RN before teaching this program.

I wish to apply for an Instructor/Leader's Certificate and I am prepared to accept an Attendance Certificate if Dr Lam or his authorized master trainer considers that by the end of this course I am not yet ready. I also understand that the Instructor/Leader's certificate will need to be updated once every two years.

Name: _____ Phone: _____

Signature: _____ Date: _____

Please make check payable and return to:

Alliance Qi Gong Taiji, Inc.

1670 Lincoln Court, Studio # 5c

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