<u>Application for</u> <u>Heart Forgiveness Facilitator Training</u>

This information is for application purposes only.
You will be notified of your acceptance into the Heart Forgiveness Facilitator Training Program.

Date.	IN	aille.					
Email:	Home Telephone		hone:		Cell:		
Address:							
City:		Stat	te:	Zip:			
Referring Fac	cilitator:	Non Smoker	r/Non Drug	User:			
<u>Prerequisites</u>	Completed:	Date / Facilitator	(Note: Aste	erisk the ones don	e with a Group)		
Core	Health 1:	Date completed:		Facilitator:			
Core	Health 2:	Date completed:		Facilitator:			
Hear	t Forgiveness	: Date completed:		Facilitator:			
Siler	nt Re~Treat:	Date completed:		Facilitator:			
Addi	tional Series:	Date completed:		Facilitator:			
Read	d: <i>"Power Vs. I</i>	Force" by Dr. David	Hawkins [Date completed:			
Co	ntact Mary I	Ellen Rivera at <u>n</u>	ne.rivera@ve	erizon.net or (813)9	962-4293 for questic	ons or information.	

For Office Use

Date Application Approved:

Materials Fee Paid:

Registration Fee Paid:

Practicum Client Name:

Synopsis "Power vs. Force:

Website Bio Submitted:

Integrity Agreement Signed:

Personal Synopsis HF Facilitator:

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Attach this document to your Application for Heart Forgiveness Facilitator in Training.	
Return to Mary Ellen Rivera at me.rivera@verizon.net or 813-962-4293 by	

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1. Why I want to BE a Heart Forgiveness Facilitator (< 200 words):

2. A brief sketch of "poignant points" in my life — (children, grandchildren, job(s), life stepping stones):