



Admissions Application

First Name *

Last Name *

Email *

Phone *

Street Address *

City *

State *

Postal Code *

Country *

Birthday * MM/DD/YYYY

Place of Birth *

Primary language spoken *

Gender *

Current Occupation *

Are you able to commit to 10 -15 hours per week of study? *

- ☐ Yes
☐ No

Are you currently a Professional Medical Practitioner? *

- ☐ Yes
☐ No

What type of Practitioner are you?

On a weekly basis, I use homeopathy to help: *

- ☐ A. 1-2 people or animals
☐ B. 3-6 people or animals
☐ C. 7-15 people or animals
☐ D. more than 15 people or animals



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I have been using homeopathy: *

- ☐ A. for less than a year
- ☐ B. for one to two years
- ☐ C. between two and five years
- ☐ D. for more than five years

In addition to homeopathy, what other healing modalities do you use? *

Which aspects of homeopathy interest you the most?

- ☐ The art of finding a constitutional remedy
- ☐ Addressing common everyday ailments in a family
- ☐ Integrating homeopathy with conventional medical practice
- ☐ Uprooting significant chronic illness
- ☐ Current scientific research on homeopathy
- ☐ The homeopathic community - hearing from others who are passionate advocates of homeopathy

Please limit your answers to 500 words.

You will need to use extra paper for your answers if submitting by fax or mail.

Tell me how and when you found me. *

What is your background in homeopathy? *

List the courses you have taken, include the courses from Practical Homeopathy® *

What are your goals upon graduation from The Academy of Practical Homeopathy®? *



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What brought you to
Practical Homeopathy®? *

Why do you wish to be considered
for The Academy? *

What are your greatest strengths? *

What excites you most about the future? *

What concerns you most about
the future? *

What is your driving motivation to be
a student in The Academy? *

Make Checks payable to
Practical Homeopathy Inc.
\$277 Refundable Deposit
Subject line: Academy

Mailing Address:
Fax 888 332- 3982

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