



TEACHER TRAINING APPLICATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____

Email _____

Current Profession _____

Date of Birth (month) _____ (year) _____

Please describe your experience with tai chi or other mind-body arts (qigong, yoga, meditation, etc.): _____

Please describe any health care experience (physician, physical therapist, nurse, massage therapist, acupuncturist, etc.) _____

Please describe any teaching experience (classroom teacher, music instructor, coach, trainer, etc.): _____

Please describe your motivation for participating in the Eight Active Ingredients of Tai Chi Teacher Training Program: _____

Please describe how you envision using this training experience: _____

Please use additional sheets of paper to expand on any answers, if needed. Email completed form to treeoflifetaichi@earthlink.net, or mail to Tree of Life Tai Chi Center at WCHA, 22 Mt. Auburn St., Suite 10, Watertown, MA 02472.