

**SOUL STUDIES INSTITUTE  
STUDENT APPLICATION**

The following is your application to Soul Studies Institute. It serves as an intention for your life's work.

**Today's Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ work or cell) \_\_\_\_\_

Email: \_\_\_\_\_

When do you desire to begin the process?

\_\_\_\_ Jan \_\_\_\_ Feb \_\_\_\_ March \_\_\_\_ April \_\_\_\_ May \_\_\_\_ June

\_\_\_\_ July \_\_\_\_ August \_\_\_\_ Sept \_\_\_\_ October \_\_\_\_ November **Year** \_\_\_\_\_

I am interested in:

\_\_\_\_ Transformation Life Coach \_\_\_\_ Imagination Assistant \_\_\_\_ Supervision

\_\_\_\_ Registered Drama Therapist

1. Write a personal statement here including your background, those persons and events which had the greatest impact on you in your life, your educational and professional goals and what has most inspired you to do this work and study. Include information concerning your own personal healing and transformation process.

2. Education:

Institution Date	Field of Study	Degree
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Write about any LIFE OR WORK EXPERIENCE that you would like to apply or credit to this training. (Attachments Accepted)

3. Write about your future vision and dream as it relates to the completion of this training.

4. Write about your present immediate family relationships. How will this process affect these relationships and how do you/will you integrate personal healing and transformational work/academic study with family?

5. What is the next step for you in your personal healing and transformational journey?

6. How will you finance your education at Soul Studies Institute? (Note: If you are attending a State or Private University in addition, you must initiate your Financial Aid process at least three months prior to your proposed enrollment date at any college. Financial aid (FAFSA) forms are available at on line at [www.fafsa.ed.gov/](http://www.fafsa.ed.gov/)).

7. Any other comments or information you feel is important to know for us to know about you:

## COMMITMENT

I, \_\_\_\_\_ am making application on this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_, to begin The Imagination Transformation Life Coach Certificate Training Program.

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I understand the commitments involved as I undergo the training process. They are:

1. I understand and commit to completion of The Imagination Process™ and Imagination Process Advanced work as an integral aspect of the training; that I will simultaneously enroll in The Imagination Process/Advanced Imagination Process if I have not already completed the process.
2. If I am a distance learner, I commit to attending Imagination Weekend workshops to fulfill the requirement above.
3. I commit to weekly coursework attendance in person or through web broadcasts/meetings and to completion of written work and projects.
4. I understand that all students will have an individualized study plan designed by the Soul Studies Institute faculty;
5. I commit to the financial tuition for training: \$5500 to be paid in full prior to beginning the training unless otherwise arranged through the business office.
6. I understand that The Imagination Process™ is a separate financial obligation through Solutions Center for Personal Growth (and may be covered by my health insurance).
7. I commit to confidentiality and to following personal ethical behaviors and intern principles as presented to me.
8. I understand there is a re-certification process, which I am required to attend at least one time each year to continue my certification (dates, times and fees to be announced.)
9. I commit to my own continued personal healing, transformation and passion as I begin this exciting educational journey, per my individual plan.
10. I commit to allowing this process to create abundance for me in my business and family relationships.

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Applicant Signature

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Date

## **Confidentiality Agreement Student/Volunteer Soul Studies Institute, Inc.**

As an volunteer/student at Soul Studies Institute, you may have access to “Confidential Information”. The purpose of this agreement is to help you understand your obligations regarding confidential information.

Confidential information is protected by Federal and State laws, regulations, including HIPAA, the Joint Commission on Accreditation of Healthcare Organizations standards, and strict Institute policies. The intent of these laws, regulations, standards and policies is to insure that confidential information will remain confidential - that is, that it will be used only as necessary to accomplish the purpose for which it is needed.

As a volunteer/student, you are required to conduct yourself in strict conformance with applicable laws, standards, regulations and Institute policies governing confidential information. Your principal obligations in this area are explained below.

You are required to read and to abide by these rules. Anyone who violates any of these rules will be subject to discipline, which might include, but is not limited to, termination of privileges or expulsion from the Institute. In addition, violation of these rules may lead to civil and criminal penalties under HIPAA and potentially other legal action.

As an volunteer/student, you may have access to confidential information, which includes, but is not limited to, information relating to:

- Medical record information (includes all patient data, conversations, admitting information, demographic information and patient financial information).
- Protected Health Information (PHI) as defined by HIPAA includes, but is not limited to, names, all geographic subdivisions; all elements of dates (except year) for dates directly related to an individual, telephone numbers, fax numbers, electronic mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers, device identifiers and serial numbers, web universal resource locators (URLs), internet protocol (IP) address numbers, biometric identifiers, including finger and voice prints, full face photographic images and any comparable images; and any other unique identifying number, characteristic, or code.
- Employee information (i.e., social security number, employment records, and disciplinary actions)
- Institute information (i.e., financial and statistical records, strategic plans, internal reports, memos, contracts, quality and peer review information, and communications).

- Computer programs, client and vendor proprietary information, source code, and proprietary technology. In the event that you do have access to confidential information, you hereby agree as follows:

- Use confidential information/data as needed/necessary to perform your duties as a volunteer/ student affiliated with the Institute. Do not misuse confidential information/ data or be careless with it.

- Do not divulge, copy, release, sell, loan, review, alter or destroy any confidential information/ data except as properly authorized within the scope of your professional activities affiliated with the Institute.

- Oral Communication: A guiding principle in all communication is to think before you speak and keep in mind both the clients' right to privacy and our mission to restore dignity. Whenever possible we should avoid asking them for personal information in the presence of other clients; use as quiet a voice as possible while in waiting room setting; we cannot prevent some things from being overheard, but we can make every reasonable effort to provide as much privacy as possible.

- Accept responsibility for all activities undertaken using your assigned access code and/or any other authorizations that allow you to view confidential records of any kind.

- Report activities by any individual or entity that you suspect may compromise the confidentiality of information. The University will make all attempts possible to keep good faith reports confidential. However, absolute confidentiality cannot be guaranteed.

- Understand that your obligations under this Agreement will continue after your affiliation with the Institute terminates.

- Understand that any of your access privileges to confidential information/data are subject to periodic review, revision, and, if necessary, modification and/or termination.

- Understand that you have no right or ownership interest in any confidential information/data.

- You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard confidential information/data or your password or any other authorization that allows you to access confidential information/data.

- The Institute may take disciplinary action against you up to and including termination or expulsion in the event you violate this Confidentiality Agreement. In addition, the Institute may initiate legal action including but not limited to civil litigation or criminal prosecution.



"I certify that I have read and understand the Confidentiality Statement printed above and hereby agree to be bound by it."

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Print Name

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Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date

Original copy to be retained by the Institute and a copy to Volunteer/  
Student. Revised 01/17