

APPLICATION FORM

**Deadline May 1, 2014 and Notification of Acceptance May 2nd, 2014**

**NTP/NTC Clinical Skills Internship**

May 15-18, 2014

Please fill out, print, and send to Healing Path Holistic Medicine Clinic, 3880 SE Harrison Street, Milwaukie, OR, 97222 for questions you may call Anja Middelveld at 503 513 4665

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| Name applicant: | |  | | | | | | Email: | |  | | |
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| Phone: |  | | | Emergency contact: | | |  | | | | | |
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| Liability insurance name (required): | | | | |  | | | | Policy number: | | |  |
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| Year of graduation from NTT: | | | |  | | | | |  | | | |

Please answer the following questions:

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| 1. Are you currently in practice? Please describe your practice (i.e. private practice, employed, etc): |
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| 1. What are your practice goals? |  |
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| 1. Are you an NTC or NTP: |  | If, NTP: Do you use the Functional Evaluation? |  |
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| 1. Please give your top 3 challenges you are experiencing in your NT Practice? |  |
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| 1. Will you be able to bring case studies (either live or in file form)? |  |

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| 1. What are your expectations for the internship? |  |
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