



# Life Between Lives Hypnotherapy Therapy Certification Training *Application*

## **Invitation....more than a training.**

To become an LBL facilitator is an opportunity to join a community of people who feel called to serve in the expansion of human consciousness. A strong applicant embodies the values of service, integrity and compassion while being able to demonstrate competency in hypnotherapy in a way that honors each client's innate value and wisdom. Building on the extensive foundation that Dr Michael Newton provided for us, we also seek to meet these changing times and allow the work to evolve while still being true to the essence of his legacy.

## ***Instructions:***

Please complete this application and save it as a PDF file with your name as the example follows (Ex: "John Doe LBL Application.pdf"). Email your application and any other relevant attachments to the registrar at [registrar@newtoninstitute.org](mailto:registrar@newtoninstitute.org). If you need to handwrite your application, please contact the registrar directly.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Prov.: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Website URL (If applicable): \_\_\_\_\_

Social Media (If Applicable): \_\_\_\_\_

Location of the LBL Training you are applying for (City, Country): \_\_\_\_\_

Date of LBL Training you are applying for (DD/MM/YYYY): \_\_\_\_\_

The following section is in reference to your prior Hypnotherapy and Past Life Regression training. Please fill out the following as accurately as possible and attach any relevant documentation of each training and certification along with your application.

# Hypnosis or Past Life Regression Training/Certification #1

Type of Training/Certification (Clinical Hypnotherapy, Past Life Regression, etc.): \_\_\_\_\_

\_\_\_\_\_

Name of Institution: \_\_\_\_\_

Date of training or certification (DD/MM/YYYY): \_\_\_\_\_

Total Educational Hours: \_\_\_\_\_

Total Instructional Hours: \_\_\_\_\_

Institute Website URL: \_\_\_\_\_

Institute Contact Phone #: \_\_\_\_\_

Institute Contact Email: \_\_\_\_\_

# Hypnosis or Past Life Regression Training/Certification #2

Type of Training/Certification (Clinical Hypnotherapy, Past Life Regression, etc.): \_\_\_\_\_

\_\_\_\_\_

Name of Institution: \_\_\_\_\_

Date of training or certification (DD/MM/YYYY): \_\_\_\_\_

Total Educational Hours: \_\_\_\_\_

Total Instructional Hours: \_\_\_\_\_

Institute Website URL: \_\_\_\_\_

Institute Contact Phone #: \_\_\_\_\_

Institute Contact Email: \_\_\_\_\_

# Hypnosis or Past Life Regression Training/Certification #3

Type of Training/Certification (Clinical Hypnotherapy, Past Life Regression, etc.): \_\_\_\_\_

\_\_\_\_\_

Name of Institution: \_\_\_\_\_

Date of training or certification (DD/MM/YYYY): \_\_\_\_\_

Total Educational Hours: \_\_\_\_\_

Total Instructional Hours: \_\_\_\_\_

Institute Website URL: \_\_\_\_\_

Institute Contact Phone #: \_\_\_\_\_

Institute Contact Email: \_\_\_\_\_

The following questions are in reference to your interest in Hypnotherapy and LBL Hypnotherapy. Please answer them fully and honestly.

What drew you to the field of hypnosis? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What influence has the field of hypnosis had on your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you describe your general therapeutic approach? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you describe your therapeutic approach in regard to trauma? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently practice hypnotherapy?                      Yes                      No

Do you have any experience with in-utero or prenatal regression?                      Yes                      No

Approximately how many Past Life Regressions have you facilitated? \_\_\_\_\_

Approximately how many Past Life Regressions have you personally experienced? \_\_\_\_\_

Approximately how many Life Between Lives have you personally experienced? \_\_\_\_\_

**By initialing the following statements and signing this application, I understand and agree with each of the following statements:**

\_\_\_\_\_ I have all read the information on the TNI website LBL Training Calendar course description for the course I am applying related to fees, payment deadlines, refund and cancelation policies and agree to make fee deposits and payments in accordance with this schedule, an acknowledge that failure to do so will result in forfeit of payments as per the refund policy.

\_\_\_\_\_ All of the information supplied in this application is true and complete to the best of my knowledge.

\_\_\_\_\_ I have read and agree to the terms of TNI's Code of Ethics for LBL Practitioners.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Please submit this completed application and any accompanying documentation to:

**Registrar:** Avis Attaway  
**Registrar Email:** registrar@newtoninstitute.org