Life Between Lives® Hypnotherapy 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 by allowing 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: "Jane Doe LBL Application.pdf"). Email your application **along with your hypnotherapy and past life regression certificates** to registrar@newtoninstitute.org.

If you need to handwrite your application, please contact the registrar

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:_____

*If you have other training or diplomas you feel are relevant you may include a description and/or certificates as an addendum to this application

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 understanding 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 accompanying documentation/certificates to:

registrar@newtoninstitute.org