



THE UPLEDGER INSTITUTE TEAM UP! APPLICATION

School Name: _____
Street Address: _____
City: _____
State/Province: _____ Zipcode/Postal Code: _____
Telephone: _____ Fax: _____
Website: _____
Contact Person: _____ Title: _____
E-mail Address: _____

Institutional Type (check all that apply):

____ Massage/Body Work _____ Physical Therapy
____ Occupational Therapy _____ Chiropractic
____ Nursing _____ Other _____

Year School Founded _____ Business License # _____
Owner or Executive Director _____
School Accreditations _____

How many hours are in your full-time program? _____
How many semesters/quarters do you offer per year? _____
Average number of students per class? _____
Number of students per year: Part-time _____ Full-time _____

How many hours are required for licensure/certification by your state/locale? _____

Do you currently teach in the following curriculum:

CranioSacral Therapy	Number of hours _____
Lymph Drainage Therapy	Number of hours _____
Visceral Manipulation	Number of hours _____
Mechanical Link	Number of hours _____

Do you currently offer continuing education units in the following curriculums:

CranioSacral Therapy	Number of hours _____
Lymph Drainage Therapy	Number of hours _____
Visceral Manipulation	Number of hours _____
Mechanical Link	Number of hours _____

Does your school have an Upledger Institute-trained presenter?

If yes, Name: _____

Other school affiliations: _____

**Please return with a current school catalog to: The Upledger Institute, Attn: David Brower
11211 Prosperity Farms Rd., D325, Palm Beach Gardens, FL 33410.**