

## Eugene *Feldenkrais*® Professional Training Program

Frank Wildman, GCFT, Ph.D., Educational Director  
Options Through Movement, LLC, Program Organizer

### APPLICATION

There will be no discrimination on the basis of race, religion, creed, age, gender, sexual preference, profession or educational background.

Application date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

**Please provide the following information on a separate sheet of paper and return with this application. Thank you.**

#### **1. Motivation**

- What do you desire for your career and/or personal development by taking this training program?
- In what areas of life do you feel effective and gratified; and in what areas would you like to feel more so?

#### **2. Experience**

- What experience have you had with the *Feldenkrais Method*®?
- Please include practitioners with whom you've worked and tapes you have used or books you have read.  
(Lack of previous experience will not exclude a student from selection.)

#### **3. Educational background and personal interests**

- Provide a brief history of your educational and work background.
- You may include a CV/Resume.
- Please include experiences pertinent to non-academic training, as well as hobbies and anything else that you feel is important for us to know about you.

#### **4. Health and medical information**

- Identify any condition which might affect your ability to participate fully in this program.
- Include, but do not limit yourself to: orthopedic problems, respiratory difficulty, chronic pain, physical disability, chemical dependence or intolerance and psychiatric disorders.

#### **5. Letters of recommendation**

- Include letters from AT LEAST TWO PERSONS who are unrelated to you, preferably persons who know your work habits, your strengths and weaknesses, and your ability to carry this training program to completion.
- If you were told about of this program by a *Guild Certified Feldenkrais Practitioner*™, please include her or his name.  
\*\*\*Applicants may be asked for a telephone interview.

Please accept my application into the 2010 - 2014 Eugene *Feldenkrais*® Professional Training Program. I have read the material accompanying this application sheet and I will make a deposit of \$500 within a month of acceptance to confirm my place. If I cannot keep my commitment to the training program sponsored by Options Through Movement, LLC after placement is confirmed, I will notify OTM no later than September 1, 2010 in order to receive a refund of my \$500 deposit, minus a \$50 processing fee.

\_\_\_\_\_/\_\_\_\_\_  
(Signature) (Date)

**This training represents a serious commitment on your part. Before you submit your application, Options Through Movement urges that you consider any adjustments that this training may require in your personal and professional life.**

**Return this application, written attachments and a \$50 non-refundable application fee (payable to OTM) to:**

Options Through Movement, LLC  
143 E. 12<sup>th</sup> Alley  
Eugene, OR 97401

Questions? Please call: 1-541-343-7996 or 541-957-0500 / fax: 1-541-345-9281 or 541-957-0501

[www.optionsthroughmovement.com](http://www.optionsthroughmovement.com); [e-mail---jancox.otm@gmail.com](mailto:e-mail---jancox.otm@gmail.com) or [rkdotm@hotmail.com](mailto:rkdotm@hotmail.com)  
[www.feldenkraisinstitute.org](http://www.feldenkraisinstitute.org); e-mail--- [info@feldenkraisinstitute.org](mailto:info@feldenkraisinstitute.org)

- Applications are considered in the order they are received.
- You will be notified of your status within three weeks of receipt of your application.
- If you are accepted, your \$50 application fee and \$500 deposit will be applied to the tuition of the first segment.