



Heart Physics[®] Certification for Coaches Application

NAME: _____
 ADDRESS: _____
 CITY: _____ ST/PROV: _____ ZIP: _____
 WORK PHONE: _____ HOME PHONE: _____ FAX: _____
 E-MAIL: _____ AGE: _____ BIRTHDATE: _____

MARITAL STATUS: Married _____ Single _____ Divorced _____ Widow _____
 SPOUSE'S NAME: _____

NEAREST RELATIVE: _____ RELATION: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ ST/PROV: _____ ZIP: _____

EDUCATION

Last Grade Completed _____ Degree or Certificate: _____ School: _____

EXPERIENCE IN MINISTRY OR THERAPEUTIC PRACTICE

On a separate sheet of paper please provide a complete resume in chronological order starting from present to past. Be sure to provide names and numbers of all supervisors and reason for leaving positions. (Submit with application)

In what area of ministry or therapeutic practice do you desire to serve?

Are you currently active? Yes _____ No _____

Explain: _____

Date Saved: _____ Baptized in Holy Spirit: _____

CREDENTIALS

Do you currently hold any ministerial or professional credentials? Yes _____ No _____

NAME OF ORGANIZATION: _____ PHONE: _____
 ADDRESS: _____ CITY: _____ ST/PROV: _____ ZIP: _____

Have you ever had your license/ordination revoked for any reason? Yes _____ No _____

If yes, please explain: _____

GOALS

On a separate sheet of paper write a short synopsis about the benefit each Heart Physics® module has brought to your life. (Submit with application)

On a separate sheet of paper give a brief description of how you are using Heart Physics® tools and principles in your daily life. (Submit with application)

Have you ever led anyone else in a meditation exercise? Yes ___ No ___

On a separate sheet of paper please explain how you will use your Heart Physics® Coach Certification training. (Submit with application)

In the state where you live do your other credentials allow you to use these tools in working with others?
Yes ___ No ___ Not Sure ___

REQUIREMENTS

I have read, signed, and agree to comply with the Ethics Agreement. Yes ___ No ___

Below is a list of required Heart Physics® modules and training. Please provide the year you completed.

- Essential Heart Physics*® _____
- New Beginnings* _____
- The Ultimate Put Off - Put On Experience* _____
- Limitless Living* _____

- 2009 Heart Physics® Coach Certification Training _____ (*This seminar is available in CD, DVD, and mp3 formats*)
- 2013 Heart Physics® Advanced Coach Training _____ (*This seminar is available in CD, DVD, mp3, and Online Video formats*)
- One Year of Personal Heart Physics® Experience

Below is a list of Required Reading of Dr. Richards' books: Check if complete and provide the approximate year of completion.

- The Anatomy of a Miracle* _____
- Becoming the Person You Want to Be* _____
- Breaking the Cycle* _____
- The Gospel of Peace* _____
- Grace: The Power to Change* _____
- How to Stop the Pain* _____
- Moving Your Invisible Boundaries* _____
- Take Control of Your Life* _____

Below is a list of Required Reading of other authors. Check if complete and provide the approximate year of completion.

- Guided Imagery for Self Healing*, Martin L. Rossman, M.D. _____
- The Genie in Your Genes*, Dawson Church, Ph.D. _____
- You are the Placebo*, Dr. Joe Dispenza _____
- The Biology of Belief*, Bruce H. Lipton, Ph.D. _____

Complete 10 Case Studies (see instructions)

Maintaining compliance with the Ethics Agreement I will annually renew my certification based on CEU requirements set forth in any given year. _____ (your initials)

Please provide your Heart Physics® Testimony: written recorded/video

I am requesting certification to become a Heart Physics® Coach. I agree to adhere to all certification guidelines and complete all necessary requirements.

Signature

Date

LIABILITY AGREEMENT

Certification as a Heart Physics® Coach only serves to certify that I have completed the training. It does not by intention or implication make any statement of my competency to utilize the material presented, nor does it provide any legal right to application of these tools and resources beyond that which I am allowed by my state. In signing this application I agree to abide by all state laws. Impact Ministries, James B. Richards, J.B. Richards Research, any marketer, trainer, or advertiser, nor any staff member is in any way liable for my use of this material and they shall be held harmless individually and corporately of any liability incurred by the use of this material beyond that allowed by my state.

OFFICE USE ONLY:

Applicant's Signature

Approved: _____

If no, please state reason:

Date

Date of Certification Training:

Approved By

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DR. JAMES B. RICHARDS

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