



610-866-9087
3005 Brodhead Rd., Suite 100
Bethlehem, PA 18020

AUTHENTIC EASTERN HEALTH LLC TAI CHI AND QIGONG TEACHER CERTIFICATION APPLICATION FORM

Name _____ DOB _____ Male/Female: _____

Address _____ City _____ Zip _____

E-Mail Address _____ Web side _____

Home Phone _____ Work _____ Cell _____

Employer name: _____ occupation _____

Education Information

High school: _____ Where: _____

College/University: _____ Where _____

Graduate School: _____ Where: _____

Professional Licenses, Certifications or Registrations: _____

Tai Chi and Qigong class Education Information:

List Tai Chi and Qigong Classes which you took before:

Class Name: _____ Hours: ___ Where: _____ Instructor: _____

Class Name: _____ Hours: ___ Where: _____ Instructor: _____

Class Name: _____ Hours: ___ Where: _____ Instructor: _____

Class Name: _____ Hours: ___ Where: _____ Instructor: _____

Applied Certificate class name: _____

The reason why you want to be a Tai Chi teacher:

Signature: _____ Date: _____

Office use only:

Homework: _____ Question and answer: _____ Classes Hours: _____

Practice Hours: _____ Certificate program Hours: _____ Written Test: _____

Demonstration: _____ Total grade: _____ Certified Date: _____

Certification Number: _____ Instructor Signature: _____

