

Practitioner Application

Requirements: Active License/Certification; Practitioner Insurance; First Aid Certification; 2+ years experience **Position Information** Name of Certification/License/Degree ______ How long have you been in practice? ______ **Modality Specialties** Names of modalities (ex. Cupping massage, reiki, craniosacral, types of nutritional counseling, etc.) Sessions Offered Name of Session: ______ Duration: _____ Client Frequency: _____ Description of Session: Name of Session: _____ Duration: ____ Client Frequency: _____ Description of Session: ______ Name of Session: _____ Duration: ____ Client Frequency: _____ Description of Session: Name of Session: _____ Duration: ____ Client Frequency: _____ Description of Session: ______ Additional information about sessions, journeys, modalities and/or packages you want to offer:



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are you interested in training for any of our sessions, journeys, treatments or enhancements? If so, which ones? Visit Growwellnesstherapy.com to see what we offer so far.
Are you interested in designing your own journeys?
Are you interested in any additional open positions (such as adding front desk hours, eaching classes, or teaching in the kids Clubhouse?)
Where do you see yourself in 5 years?