

**POSITIVE ENERGY**  
**Holistic Counseling & Institute**  
597 Middle Road Bayport, NY 11705  
[institute@positivecounselingli.com](mailto:institute@positivecounselingli.com) [www.positivecounselingli.com](http://www.positivecounselingli.com)

**ADVANCED HOLISTIC COUNSELING <sup>tm</sup> CERTIFICATION**  
**2022-2023 APPLICATION**  
*January 13, 2023- September 24, 2023*

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**WEBSITE:** \_\_\_\_\_ **FACEBOOK ADDRESS:** \_\_\_\_\_

**IG ADDRESS:** \_\_\_\_\_ **LINKD IN ADDRESS:** \_\_\_\_\_

**CURRENT PROFESSION:** \_\_\_\_\_

**CURRENT EMPLOYER:** \_\_\_\_\_

**EMPLOYMENT ADDRESS:** \_\_\_\_\_

**EMPLOYMENT PHONE:** \_\_\_\_\_

**TELL US ABOUT YOURSELF**

- I am still earning my Masters in a Mental Health-Related Field (MSW, MHC, MFT, etc)
- I have not earned my License at a Masters level yet (LMSW, LMHC Limited Permit, LMFT)
- I am in a Graduate program in a Mental Health-Related Field and am seeking an internship
- I have earned my Masters & LMSW/Limited LMHC/LMFT/PsyD/NP/MD/or equivalent but need to earn my "Clinical Hours"
- I have earned my LCSW/LMHC/LMFT/PsyD/NP/MD/equivalent but want to build more efficient, effective, and transformative Clinical skills
- I want to learn a system to add the best Holistic Skills to my therapy sessions
- I want to represent the AHC Holistic "brand" and be a part of a community of specialized therapists who maintain high standards, provide & receive Clinical support, and offer modern, cutting-edge results to clients
- I want to do more in my Psychotherapy sessions than just listen compassionately. I want to teach my clients the skills to transform so that they have them for a lifetime.
- I want to personally transform into my most aligned and powerful self by using the AHC Skills on myself
- I already have my own Private Practice
- I work for someone else's Private Practice
- I work for an agency or school
- I want to own my own Private Practice within \_\_\_\_\_ years from now
- I work Full-time providing Psychotherapy to clients in Private Practice
- I work Part-Time providing Psychotherapy to clients in Private Practice
- I am able to make a full-time income and feel prosperous in my current Psychotherapy Career
- If not, why? \_\_\_\_\_
- I love to learn and I consider myself to be a "coachable" person who is open, curious, and willing to change
- I want to learn the skills to have a *Self-Pay, Six-Figure thriving Holistic Psychotherapy Practice*
- At the end of the AHC Certification, I would be interested in taking an additional course to enable me to create a *"Self-Pay, Six-Figure thriving Holistic Psychotherapy Practice Full of Motivated Clients"*

**HOW DID YOU HEAR ABOUT THE *ADVANCED HOLISTIC COUNSELING*™ CERTIFICATION PROGRAM?**

---

---

**WHAT ABOUT THE *AHC* CERTIFICATION PROGRAM APPEALS TO YOU?**

---

---

**WHAT DO YOU HOPE TO LEARN OR EXPERIENCE BY TAKING THE *AHC* CERTIFICATION PROGRAM?**

---

---



**PROFESSIONAL AND EDUCATIONAL INFORMATION**

(leave blank in cases where the question is Not-Applicable)

**PROFESSIONAL LICENSES:** Type of License, State License Granted In, Year Granted (i.e. LMSW, NY, 2015)

---

---

---

**CERTIFICATIONS:** Type of Certification, Learning Institution, Scope of Training, Year Cert granted  
(i.e. Reiki II, Reiki Institute, 30 hour training program from 9/15-11/15, Cert granted 2015)

---

---

---

---

**UNDERGRADUATE EDUCATION :** Name of College; dates attended, date of graduation, degree received:

---

---

**POSTGRADUATE EDUCATION** (M.D.; Ph.D. or Psy.D. in clinical psychology; MSW, Ph.D., or D.S.W. in social work)  
Name of universities; area of study; dates attended; date of graduation, degree received;

---

---

**INTERNSHIPS, EXTERNSHIPS, RESIDENCIES, PLACEMENTS, FELLOWSHIPS, AND OTHER POSTGRADUATE TRAINING** Names of institutions; dates attended; brief descriptions of duties and activities; full names of supervisors;

---

---

---

**RESEARCH EXPERIENCE:** Graduate and Post Graduate Research. Brief description of research; names of institutions; dates of employment; full names of directors and supervisors:

---

---

**TEACHING AND SUPERVISORY EXPERIENCE** Name of institutions; courses taught; students taught; dates; full names of department heads:

---

---

---

**CONTINUING EDUCATION TRAININGS, COURSES, OR CERTIFICATES** (if too many to list, please list the more substantial CEU courses with higher # credits you have earned or that represent your interests)  
(i.e. Trauma- Informed CBT, CPI Online Training, 12 hours/credits, Nov 2015)

---

---

---

---

**HOLISTIC, ALTERNATIVE, OR COMPLEMENTARY TRAINING, EDUCATION, OR CERTIFICATES**  
(i.e. Reiki Reiki II Certification, The Reiki Institute, Sept-Nov 2015)

---

---

---

**HOLISTIC, ALTERNATIVE, OR COMPLEMENTARY INTERESTS, HOBBIES, PRACTICES**  
i.e. Yoga Nidra 3/wk, walking 4x/week, daily 20 min meditation practice, etc.)

---

---

---

**PSYCHOTHERAPY**

Are you currently receiving psychotherapy, psychoanalysis, or counseling services? Have you received these services in the past? Describe your experience as a client:

---

---

**CLINICAL SUPERVISION**

Are you currently receiving Clinical Supervision? Have you received Clinical Supervision in the past? What have your experiences been like with these services? \_\_\_\_\_

---

---

**PROFESSIONAL ASSOCIATIONS & MEMBERSHIPS:**

---

**PROF. LIABILITY INSURANCE:** \_\_\_\_\_

**PROFESSIONAL REFERENCES (please do not include family members or personal friends)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP WITH REFERENCE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP WITH REFERENCE: \_\_\_\_\_

**LEGAL ISSUES**

DO YOU HAVE ANY LEGAL ISSUES PENDING? Y / N Explain: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A CRIME? Y/ N Explain: \_\_\_\_\_

HAVE YOU HAD YOUR PROFESSIONAL LICENSE SUSPENDED/REVOKED AT ANY TIME or DO YOU HAVE ANY LEGAL ISSUES REGARDING YOUR PROFESSION AT THIS TIME? Y/N Explain: \_\_\_\_\_

**WHAT'S THE NEXT STEP?**

**1) Thank you for your interest and application! All applications will receive a response from us.**

**2) If you are contacted for an interview,** you will be asked to provide the following to complete your application:

- Transcript of graduate education or Copy of Diploma
- Copies of all Professional
- Copy of license to practice by the appropriate statutory body
- Copy of Driver's License

**3) Please check off and then sign the following:**

\_\_\_ All of the information in this Application is known to be true by me.

\_\_\_ I hereby give permission to Positive Energy Holistic Counseling & Institute (PEHCI) to make inquiries about me, in connection with this application, to any and all of the institutions, their officers, and supervisors referred to in this application. (Additional references may be submitted by the applicant.) Positive Energy Holistic Counseling & Institute admits students of any race, religion, national origin, ethnic origin, age, gender, disability, marital status or sexual orientation to all the rights, privileges, programs, and activities generally accorded or made available to students at the Institute. It does not discriminate on the basis of race, religion, national origin, ethnic origin, age, gender, disability, marital status or sexual orientation in regards to the administration of its educational policies, admissions policies, scholarship and loan programs, and other Institute administered programs. In the event of my acceptance as a student in training at PEHCI, I hereby agree not to conduct Advanced Holistic Counseling™ (AHC) treatment and not to represent myself as a practitioner of AHC until I am authorized to do so by the PEHCI.

\_\_\_ Applicants from any of the disciplines listed in this application must demonstrate suitable professional and personal readiness for AHC training. The Admissions Committee will assess the applicant's education and evidence of excellence in clinical work commensurate with the level of training as well as personal factors which are important in determining the appropriateness of AHC training. All applicants will be considered without regard to national and ethnic origin, religion, age, gender, marital status, disability or sexual orientation. AHC Certification and Graduation from PEHCI requires the completion of the course of study undertaken.

**DATE**

**PRINTED NAME**

**SIGNATURE OF APPLICANT**

\_\_\_\_\_

**4) PLEASE RETURN THIS APPLICATION VIA MAIL OR EMAIL TO:**

Positive Energy Holistic Counseling and Institute

597 Middle Rd Bayport NY 11705

[institute@positivecounselingli.com](mailto:institute@positivecounselingli.com)