

# HRT Practitioner Endorsement Program Application

Name:

Date:

Business/Ministry Name:

Address:

Phone:

Email:

Website:

DOB:

Do you currently use a Qest4 device? Y / N

If so, how long have you been using it?

If not, do you intend to purchase one during this process? Y / N

List all applicable credentials, certifications and trainings and the year of completion:

If you currently treat clients in a therapeutic setting, please describe the scope and nature of your activities:

If you DO NOT currently treat clients in a therapeutic setting, please describe your intentions for using this endorsement:

What personal experiences have you had with alternative or natural medicine?

What led you to want to become an endorsed practitioner?

We all have health challenges in terms of mental, emotional and spiritual wellness. What area do you have the greatest challenges and in what ways are you addressing them?

Please describe your spiritual practices and beliefs so we can better understand your relationship with the Creator:

Which plan are you most interested in at this time?

Plan A - \$5000

Plan B - \$10,000 with 24 installments

Plan C - \$20,000 with free 1 year access