

Power of Breath Institute

2014 Practitioner Certification Training

Agreements Contract

I _____, of: (address) _____

Agree to uphold and abide by to the below-listed personal, financial and program agreements and hereby request application to the 2014 Practitioner Certification Training:

- **I shall agree to the total financial commitment (\$3950) whether or not I attend all the events.**
- **Letter of Intent and Commitment** (to the program agreements) to be received with the deposit before 02/01/14.
- Completion and submission of a Prior Learning Equivalency form (as needed).
- Documented (Using the POBI "Breath Session Notes" form) facilitation with others: Facilitating a minimum of four **(4) people through seven (7) breath sessions each** before the final weekend of the training (minimum total of 28 sessions. Please note: *Facilitation and annotation of a POBI Breath Class* may be substituted for *one* of these, with permission of the instructor.)
- Obtainment of "Practitioner Evaluation Forms" from all Demo Breathers (as listed above).
- Documented (Using POBI "Breath Session Notes" form) **self-facilitated sessions** (min. 45 minutes) - **one per month** during the entire course of the training (**total of 12**).
- Maintenance of a "Buddy support system" throughout the training, and three **(3) breathwork exchanges with your buddy** (Annotated using POBI "Breath Session Notes" form) before the last weekend of the training.
- **8 professional breathwork sessions** required during the course of the training year (do NOT require Breath Session Notes).
- Completion of "**Required reading list**" (Starred (*) books on POBI Bibliography), and the willingness to report on at least one of these during the latter half of the training).
- Willingness to participate in **supervisional teleconference and/or in-person meetings** and to participate in email/phone contact with the other training participants during the course of the training as needed. Details as follows:
 1. One monthly Group Supervision call (1½ hrs.) during the training period.
 2. One monthly Individual Supervision Call (1 hr.) during the training period.
 3. Calls scheduled during the training period shall be included as a part of the program fee.
 4. Please note - supervision calls after the last month training period shall be charged at \$25/hr. for group calls, \$50/hr. for individual calls, both being approx. 1 hr. in length.
- Completion of weekend "**Harvest Forms**" *within one week following* each of the trainings (**total of 7**), except for the final weekend.
- Maintenance of a personal journal/diary **and** the writing of a "**Personal Journey Essay**" (approx. 1500 words), *to be handed in before the last day of the training.*
- Completion of a "**Certification Questionnaire**": *To be completed during the final certification weekend.*
- Agreement to bring Breath Sessions Notes and report on the above mentioned sessions and assignments during the training weekends.
- Agreement to participate in the weekend activities, reviews, etc. according to the instructions of the Practitioners, not to exceed personal safety, integrity and self-responsibility.
- *Completion of all PCT requirements must be made within 6 months from the ending date.*

Signed _____

Date: _____

Please make your non-refundable deposit check payable to Power of Breath Institute and fill out the Credit Card/Payment Authorization Form below - and return this application agreement with your Letter of Intent to: **Power of Breath Institute, 45 Stones Mill Rd., Spofford NH 03462**

Power of Breath Institute

Credit Card/Payment Authorization Form

Name: _____

Date: _____

Type of Payment:

- ☐ **Credit/Debit Cards:** I hereby authorize Power of Breath Institute to charge to the following credit/debit card account in the amount shown below for application to the 2014 Practitioner Certification Training. This payment will be effective and charged as indicated by the signature and date(s) below:

CREDIT/DEBIT CARD INFORMATION:

Card Type: ___ Visa ___ MasterCard Credit: ___ Debit: ___

Name as it appears on the credit card: _____

Card Number: _____

Expiration Date: _____

Billing Address: _____

City, State Zip: _____

Email Address: _____

- ☐ **Check payments:** I, _____, hereby agree to make payments by check for the 2014 PCT according to the schedule indicated below:

Schedule of Payment:

- ☐ **Non-refundable Deposit (enclosed): \$450** (due by Feb. 1, 2014)

and:

- ☐ **Balance due payment of \$3500** to be made by February 21, 2014. **(Total: \$3950)**

Applicant's Signature: _____ Date: _____