

Hippocrates Health Institute
1443 Palmdale Court
West Palm Beach, FL 33411
info@hippocratesinst.org
Tel: 561-471-8876
Fax: 561-471-9464

Welcome to the Hippocrates Health Educator Program

Dear Applicant:

Congratulations on inviting the possibility of this incredibly transforming program into your life! This is perhaps the most exciting time for you to consider becoming a certified Hippocrates Health Educator; our world is in need of people like you that are committed to creating optimum health for yourself and helping others do the same. If this sounds like you, then you have found the right program. For more than 40 years, the Hippocrates Living Foods Lifestyle has helped hundreds of thousands of people regain their health, renew their lives, and reconnect with themselves in a powerful and transformational way. The Hippocrates Health Educator Program will assist you in this. Graduates from more than 25 countries represent the increasing global interest in health and healing, and we are enrolling more students than ever. The Hippocrates Health Educator program is an intensive exploration of the Living Foods Lifestyle, and is the most extensive course of its kind in the world. Successful completion of the program will provide you with the tools to enhance your life and career, and the confidence to fulfill your dreams. Some students use this experience as a catalyst into a new career and life, others are here to develop a more intimate relationship with themselves in relation to the world around us; many are here for both.

For whatever the reason you decide to attend, you can feel confident that this program will go beyond your expectations as a learning experience, and will open new doors for a rich and rewarding, joyful life for you.

Space is limited, so I encourage you to return your application as soon as possible. Meanwhile, I wish you much joy and clarity in your decision.

Thank you,

Brian Clement
Director
Hippocrates Health Institute



Application

Hippocrates Health Educator Program

Hippocrates Health Institute

Attn: Michael Bergonzi

1443 Palmdale Court

West Palm Beach, FL 33411

michael@hippocratesinst.org

Tel: 561-471-8876 ext. 112

Fax: 561-471-9464 (cover sheet, Attn. : Michael Bergonzi)

General Information (Please Print in Pen or Type)

Date of Application: _____

Name: _____

Address: _____

City/State/Zip/Country: _____

Phone Numbers: Home _____ Work _____

Cell _____ Other _____

Email: _____

Web Site (If applicable): _____

Name of person to contact in an Emergency: _____

Relationship: _____

Daytime Phone: _____

Evening Phone: _____

Date of Birth: _____

Marital Status: _____ Sex: M F

Number of Children and ages: _____

Current Occupation: _____

How long at job? _____

How did you hear about Hippocrates Health Educator Program?

Have you stayed at Hippocrates before? If yes, for how long and when?

Briefly list your interest in the program and reasons for wanting to attend:

Health Educator Session Preference (see attached program dates)

Check Program Applying for: Spring ____ Summer ____ Fall ____

Partial Program, (6 weeks)? Yes or No

Dates Attending _____

Purpose of Application: Create career opportunity; Enhance current career;
Personal Development; Other:

Medical History

1. Current overall health status: Excellent ____ Good ____ Fair ____ Poor ____

Please explain if fair or poor:

2. Are you currently seeking medical attention? Yes or No (Please circle)

a. If yes, please list reasons here:

3. Are you currently seeking psychiatric care or under the care of a psychologist?
Yes or No (Please circle)

a. If yes, please list reason why and name, address and phone number of doctor
or therapist

4. Are you currently taking medications of any kind? Yes or No (Please circle)

a. If yes, please list name of pharmaceutical, dosage and reasons for use:

5. Have you experienced any of the following in the past year or are you currently
experiencing any of
the following? (Please circle your response. If yes, list reasons in space that
follows.)

a. Depression? Yes or No.

b. Fatigue or exhaustion? Yes or No.

Lifestyle History

6. How long have you been interested in the subject of nutritional health?

7. Does your family support you in pursuing a healthy lifestyle?

8. Do you have a network of friends who are currently supporting you in pursuing a healthy lifestyle? _____

9. What kind of diet do you practice regularly? (Do not list vegan if you occasionally consume meat, fish or dairy products).

- a. ____ Standard diet including meat, fish, dairy
- b. ____ Lacto Ovo Vegetarian (including eggs)
- c. ____ Vegan (Raw & Cooked Vegetable and fruit only)
- d. ____ Natural Hygiene (Vegan using only raw foods)
- e. ____ Living foods (Vegan with at least 25% sprouts)

10. How often do you exercise? _____ times per week for _____ minutes.

11. How do your current health practices reflect commitment to the principles of a healthy lifestyle?

12. Subjects of special study or research work:

13. Do you speak a foreign language? If yes, please list:

14. Please list your special skills and hobbies.

15. Education and training:

Name & Location of School	# Years Attended	Year Graduated	Major	Field of Study
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Hippocrates Health Educator Certification Criteria

Certification for prospective Hippocrates Health Educator Students is based on the following criteria for the 6-week portion of the program:

- *Attendance:* to all scheduled classes between 9:00 AM and 5:30 PM during the course. A student who misses more than 6 classes will not be certified.
- *Participation:* demonstrate an interest in the subject and sincere desire to learn; participation is required for all projects, individual and group.
- *Timely completion of projects and punctuality*
- *Passing score on mid-term and final:* Score of 80% or better on exams.
- *Completion of all assigned homework*
- *Completion of class evaluation forms*
- *Personal responsibility:* demonstration of professional and personal accountability and responsibility
- *Consideration and Professionalism:* toward HHI staff, fellow students, instructors and director. I hereby attest that the medical and lifestyle information I have provided is accurate to the best of my knowledge. I understand that the Hippocrates Health Educator Course is a rigorous and intensive program and that Hippocrates Health Institute is not responsible for my health at any time: before, during or after the course. I also understand that Hippocrates Health Institute has the right to ask me to leave the program and premises, should I exhibit or develop any medical conditions or other concerns that prevent me from fully participating in the program in a healthy and stable manner. I also understand that I forfeit my right for a refund in this event. And, that credit for future courses is the sole matter and determination of Hippocrates' management team.

Signature / Date

Please print name here

Method of Payment

Money Order, Cashier's Check, Personal Check, Amex Visa/Master Card

Card # _____

Exp. Date _____

Signature _____

Print Name _____

Billing Address & Phone #

Please return this completed application form along with your autobiographical message and a minimum deposit of 50% of the tuition to:

Hippocrates Health Institute

Attn: Michael Bergonzi
1443 Palmdale Court
West Palm Beach, FL 33411
michael@hippocratesinst.org
Phone: 561-471-8876 ext. 112
Fax: 561-471-9464

Note: Please make all checks payable to: Hippocrates Health Institute. The remainder of your tuition is to be paid no later than 30 days prior to the commencement of your program.

Cashier's checks, money orders, cash, credit cards and personal checks are acceptable. UPON ACCEPTANCE INTO OUR PROGRAM YOUR TUITION IS NON-REFUNDABLE. Deposits of candidates who do not qualify will be returned with notification minus a \$75 processing fee.

Signature: _____ Date _____