

**CERTIFICATE PROGRAM IN COMPLEMENTARY MEDICINE & WELLNESS**  
**Supplemental Application Form**

Please print or type, and use additional pages if necessary. Using your own word processor is acceptable.

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Your major(s) and degrees: (Please mark degrees in progress with an asterisk(\*))

Undergraduate: \_\_\_\_\_

Graduate: \_\_\_\_\_

Certification(s) / specialty education: \_\_\_\_\_

If you have already completed Mind-Body Medicine (HS 451, or HS/CNS 651), indicate the year and semester it was taken: \_\_\_\_\_

Please indicate your degree of knowledge or confidence in areas such as: psychology, stress management self-practice, stress management as facilitator, group process leadership, exercise, yoga, martial arts, nutrition, body work, human anatomy, human physiology, research, and other pertinent knowledge, special training or talent. Also, include any additional comments about your knowledge or feelings that may be informative.