

The Northwest School for Botanical Studies
36 Kingston Road, McKinleyville, CA 95519
Professional Herbalist Training Program Application

Please print this application form, then fill it out and mail it to the above address.
Include two letters of recommendation and a three hundred and fifty dollar deposit.
If necessary, the letters of recommendation can be mailed in separately.
All information is kept confidential.

Personal information

Name _____

Address _____

City, State, Zip _____

E-mail Address _____

Work Phone _____ Home Phone _____

Date of Birth _____ Place of Birth _____

Female _____ Male _____

Social Security _____ - _____ - _____

Prior Education (Please include high school, college, and herbal education).

Institution / From-To / Degree / Date Received _____

What college level science classes have you taken? _____

Describe your work experience: _____

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Employer / Your Title / Job Duties / Hrs per wk / Length of Employment

Do you plan to work while attending the PHT program? _____

If so, how many hours a week do you plan to work? _____

What is your occupation? _____

What length of time have you had this job? _____

How do you plan to pay for the Professional Herbalist Training Program?

Can you pay for the tuition one month prior to the start date of the program?

Both the PHT Program and the Clinical Case Studies Program are demanding of one's time and energy. If you apply and are accepted, are you prepared to make the commitment needed to be successful in the program?

Yes _____ Not Sure _____ No _____

How did you hear about the NWSBS programs (website, search engine, word of mouth, Moonrise Newsletter, magazine, journal, or other advertisements?)

Please include two letters of recommendation and the phone numbers of three to four work related and/or personal references. If necessary, the letters of recommendation may be mailed in separate from the application.

Reference numbers (name/phone number) _____

On a separate piece of paper, include a statement of purpose and a response to the following questions.

Why do you want to take the PHT Program?

What interests you in deepening your knowledge of and experience with medicinal herbs?

What is your current plan for utilizing the training once you complete the program?

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Emergency Contact Information

In the unfortunate case of an emergency, please include the name, the phone number, and the address of two people may be contacted.

1) Name, Mailing Address _____

Home Phone _____ Work Phone _____

Relation _____

2) Name, Mailing Address _____

Home Phone _____ Work Phone _____

Relation _____

Please check one of the following:

_____ Yes, I give permission to release my contact information to the other students enrolled in the PHT program.

_____ No, I do not give permission to share my contact information with the other students enrolled in the PHT program.

I certify that the information recorded in this application and all other application submissions are true and correct. Otherwise, I understand that I may be dismissed from the program.

Signature _____

Name Printed _____

Date _____