



Provisional Master Instructor Application - 2015

Please print.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTRY: _____ POSTAL CODE: _____

PHONE: (home) _____ (fax) _____ (other daytime #) _____

E-MAIL: _____

I understand that the contact information given above is specifically for internal use by the College of Tao and CHI Health Institute and only my name, state & city location, and email address will be listed in any public website or directory.

I would like my name to appear on my teaching certificate, and in other public use, as:

I am seeking certification as a Provisional Master Instructor for the following Ni family chi movement art (Choose one movement form below, check levels that apply).

Harmony Tai Chi

- Level 1: 18-Step Short Form
- Level 2: 28-Step Intermediate Form
- Level 3: 58-Step Yin Section Long Form
- Level 4: 50-Step Yang Section Long Form
- Level 5: HTC Straight Sword, Fan, & Ball
- Level 6: HTC Broad Sword, Staff, & Ruler

Harmony Tai Chi Straight Sword

- Level 1: Short Form
- Level 2: Long Form

Harmony Tai Chi Fan

- Level 1
- Level 2

Dao-In

- Level 1: Short Form
- Level 2: Intermediate Form
- Level 3: Advanced Form

Crane Style Chi Gong

Cosmic Tour Bagua

- Level 1: Merry-Go-Round
- Level 2
- Level 3
- Level 4
- Level 5
- Level 6
- Level 7
- Level 8
- Level 9

Eight Treasures

- Level 1: Eight Little Treasures
- Level 2: Eight Treasures 1-4
- Level 3: Eight Treasures 5-8

Self-Healing Chi Gong

Taoist Meditation

- Level 1
- Level 2

Qi Meditation for Cancer Patients



Provisional Master Instructor Application (Continued)

Certification Check List

- I have completed this application form
- I have enclosed the application (processing) fee of \$75 (made payable to “CHI Health Institute”)
- I have passed the Practical Exam administered by a Master Instructor
(**Master Instructor must send an email confirmation of “pass” to CHI**)
- I have joined and/or maintain membership in the COT Taoist Mentorship Program
- I have completed the CHI-Approved “Provisional Master Instructor Training Intensive” administered by a Master Instructor (**Master Instructor must send an email confirmation of completion to CHI**)

- The name of the Master Instructor (or higher rank) that I worked with is listed below:

(Print name of Master Instructor here) _____

When the above items on the checklist are completed, then you will be sent a Teaching Certificate from CHI showing your new rank for the form (and level if applicable) for which you are certified to teach. This is your official rank and teaching credential that applies only to the form (and level if applicable) indicated.

I hereby certify that the foregoing information, and all enclosures, is true and correct. I agree to provide supporting documentation, if requested. As a CHI-certified Senior Instructor and COT Taoist Mentor, I will conduct my personal and professional activities in accordance with the highest moral standards. I understand that CHI requests a voluntary 5% yearly donation on net teaching income (after expenses) to CHI Health Institute at the end of each year with my certification renewal for the following year.

Signed: _____ Date: _____

Send completed application and payment to:

College of Tao: CHI Health Institute
13315 W. Washington Blvd.
Los Angeles, CA 90066

If you have any questions, please contact the COT/CHI Administrator at:

contact@collegeoftao.com

www.collegeoftao.com