

Florida Academy of Ayurveda

5409 North Florida Avenue, Tampa, Florida 33604

727-417-4006 office

balanceandbliss@gmail.com | www.floridaacademyofayurveda.com

APPLICATION FOR ADMISSION

Thank you for your interest in attending Florida Academy of Ayurveda

Date of Application	Date Received (office use)
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APPLICANT INFORMATION		
Last Name	First	Middle
Other name(s) which may appear on documentation		
Home Address		Unit #
City	State	Zip Code
Phone: Home ()	Phone: Cell ()	
Phone: Fax ()	E-mail Address	
Social Security #	Birth Date	Birth City/State
Emergency Contact - Name	Relationship	Phone
Current Occupation	Employer	

PROFESSIONAL INFORMATION (if applicable)		
Professional Title		Date Began
License/Registration #	Type	Expiration Date
Professional Title		Date Began
License/Registration #	Type	Expiration Date
<i>List additional professional training/certificates received</i>		

PERSONAL/PROFESSIONAL REFERENCES		
Full Name	Company/Title	
Relationship	City/ State	Phone ()
Full Name	Company/Title	
Relationship	City/ State	Phone ()
Full Name	Company/Title	
Relationship	City/ State	Phone ()

Please check the program for which you are applying

_____ AYURVEDIC HEALTH COUNSELOR TRAINING

_____ AYURVEDIC PRACTITIONER TRAINING

Attach a recent passport-sized photograph of yourself

Florida Academy of Ayurveda strives to assemble a student body that is committed to the study of Ayurveda as a personal path to balanced health. Florida Academy of Ayurveda looks for individuals who are eager to share the principles and practice of Ayurveda with others in a professional manner. To assure that each student receives a quality education and that the student is competent in the practice of Ayurveda upon graduation, Florida Academy of Ayurveda accepts a limited number of students in to its programs. We rely on the information that you provide in this application to make informed decisions about your capacity to fully participate in and benefit from the program you have chosen at Florida Academy of Ayurveda.

I attest that the information contained in this application to Florida Academy of Ayurveda is complete, accurate and true. I agree to verification of the above application contents. I understand that any false or misleading information will void this application. I have read and understand the student catalog provided to me by Florida Academy of Ayurveda.

Signature: _____ Date: _____

Print Name: _____

Application Check List

- Complete and sign admissions application
- Include a copy of diploma of highest education completed or GED
- Submit non-refundable application fee of \$50 (fifty dollars) by check, payable to Florida Academy of Ayurveda or call 727-417-4006 to pay by credit card
- Mail all requested materials to:
Florida Academy of Ayurveda
5409 N. Florida Avenue
Tampa, Florida 33604

Within one week of receiving your application, you will be contacted by Florida Academy of Ayurveda to schedule your applicant interview. Acceptance to Florida Academy of Ayurveda will be determined during the applicant interview. If additional information is required for approval, you will be given a reasonable time frame to respond. Upon approval to attend Florida Academy of Ayurveda, you will complete and accept the terms of a Student Enrollment Agreement form.

"Licensed by the Commission for Independent Education, Florida Department of Education – License #4443".

Additional information regarding this institution may be obtained by contacting the Commission at 325 West Gaines Street, Suite 1414, Tallahassee, FL 32399-0400, toll-free telephone number (888)224-6684