

TRAIN THE TRAINER APPLICATION LEVEL 1



PEAK POTENTIAL INSTITUTE
DR. MARTIN ROSEN & DR. NANCY WATSON

Today's Date		
First Name	Middle Name	Last Name
Email Address		
<p><i>The Peak Potential Institute is looking for those dedicated chiropractors who have found their home with our techniques. In filling out this application you're expressing an interest in joining our team and bringing these teachings forward to others in our profession.</i></p> <p>Which of the techniques that you have learned do you use most in your practice?</p>		
<p>Why do you want to participate in this program, include you personal goal/s?</p>		
<p>What is your prior teaching/lecturing experience?</p>		

Share with us anything you feel would be beneficial to us for accepting you into this program.

Place a 1-5 next each topic where you see your skill set (1 need significant improvement, 5 feel very confident.

Understanding the concepts, intension and techniques in the SOT Pediatric Certificate Program

Group Communication Skills

One-on-one communication skills

Organizational skills

Adaptability and flexibility in challenging situations

Ability to stimulate interaction and participation

Level of confrontational tolerance - the ability to speak your truth

What do you feel is your greatest strength as an instructor?

Acknowledgement and Authorization

I certify that all answers given herein are true and complete to the best of my knowledge

Cost of Program: one-time fee \$795, 3 payment option \$295 each

Signature of Applicant

Date

Return completed form to drmartinrosen@gmail.com