

BBSH[®]

BARBARA BRENNAN SCHOOL OF HEALING[®]

2019–20 Advanced Studies Addendum



DEDICATED

To the Evolution of the Human Spirit Through Education, Healing, and World Service

2019–20 BBSH School Calendar and Information Sheet

Advanced Studies Resident Training (Years 1 and 2)

October 30–November 3, 2019
 December 11–15, 2019
 February 12–16, 2020
 April 22–26, 2020
 June 17–21, 2020

Advanced Studies Resident Training (Year 3)

October 27–November 3, 2019
 December 10–15, 2019
 February 11–16, 2020
 April 21–26, 2020
 June 16–21, 2020

Years 1 & 2 Distance Learning Module Due Dates

DLMs 1, 2, & 3: October 15, 2019
 DLM 4: November 25, 2019
 DLM 5: January 20, 2020
 DLM 6: March 30, 2020
 DLM 7: May 26, 2020

School Holidays

Labor Day: September 2, 2019
 Thanksgiving: November 28–29, 2019
 Christmas: December 25, 2019
 New Year's: January 1, 2020
 Memorial Day: May 25, 2020
 Independence Day: July 4, 2020

PROGRAM COSTS	YEAR 1	YEAR 2	YEAR 3
RESIDENT TRAINING AND DLM TUITION	\$7900.00	\$7900.00	\$1800.00
TEXTBOOKS	Approx. \$250.00	Approx. \$250.00	NA
PERSONAL PROCESS WORK	Approx. \$75-125/session (18 required)	Approx. \$75-125/session (18 required)	Approx. \$75-125/session (18 required)

Email or fax all forms to:

The Barbara Brennan School of Healing
 500 N.E. Spanish River Boulevard, Suite 208
 Boca Raton, FL 33431-4559 • USA

Telephone: 1 800-924-2564 (U.S. only) • 1 561-620-8767 • Fax: 1 561-431-0877



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800.924.2564 • 1.561.620.8767 • Fax: 1.561.431.0877 • e-mail: bbsh.office@barbarabrennan.com

Please answer all questions and **PRINT** clearly with blue or black ink. Mark NA if not applicable.

I AM REGISTERING FOR: Advanced Studies Year 1 Advanced Studies Year 2 Advanced Studies Year 3

STUDENT INFORMATION

First Name _____ MI _____ Last Name _____

Address _____

City/State _____ Zip/Postal Code _____ Country _____

Home Phone _____ Mobile Phone _____

Email _____

Age _____ Date of Birth (Month/Date/Year) _____/_____/_____

Name You Would Like on Your Nametag (if different from name listed) _____

OCCUPATION INFORMATION

Occupation: _____ For how long? _____

Are you a healthcare professional? Yes No List all healthcare/helping professions experience: _____

List credentials for psychological training (MSW, Ph.D in Psychology, CIL, Pathwork Helper®, Core Energetics, etc.): _____

HEALTH INFORMATION

List medications currently being taken, and the conditions prescribed for: _____

List medications taken within the past 2 years, when you took them, and the conditions they were prescribed for: _____

List present physical problems: _____

Have you ever been hospitalized for psychological difficulties?

Yes No If yes, for what and when? List date(s): _____

Have you ever been treated for psychological difficulties?

Yes No If yes, for what and when? List date(s): _____

SIGNATURE: _____
Student Signature (Student must be 18 years of age older)

Student Name (Please print)

_____/_____/_____
Date



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Year 1 Advanced Studies Students Only

Attach to this application a separate sheet of paper containing your responses to the following questions:

1. What is/are your current occupation(s) and vocation(s)?
2. Do you currently have a BHS practice, or any other energy, psychodynamic, or therapeutic practice? Please describe, and list the approximate number of clients you work with per week, on average.
3. Please list any academic degrees and credentials, professional licenses, or certifications.
4. Have you completed (or are you now taking) any relevant professional training program? Please describe and list dates and length of training.
5. List your Year 4 Small Class Teachers and Case Leader(s).
6. Have you been utilizing process or therapy sessions and/or supervision sessions since your graduation? How often?
7. What are your “development edges” in your personal development at the present moment?
8. What is your intention for applying to the Advanced Studies Program at this time? What are your specific expectations and desires for your ongoing professional development?
9. Is there anything else you would like us to know about you, and your current life circumstances over the past three to six months?

IN CASE OF EMERGENCY, CONTACT:

First Name	Last Name	Relationship to You
Address		
City/State	Zip/Postal Code	Country
Home Phone	Mobile Phone	Email



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Please sign and date this page.

1. The individual undersigned acknowledges that Barbara Brennan, Inc. (BBI), Barbara Brennan International, Inc. (BBII), and the Barbara Brennan School of Healing (BBSH), (hereinafter collectively, unless noted differently, referred to as “the School”) has made or is going to make video and audio recordings of its various programs including classes, workshops or other programs in which the individual undersigned is now, has been or hereafter may be involved or may participate in, and BBI intends to copyright the material presented and to use some or all of that material in connection with future classes, workshops, book publications and commercial tapes, and in connection with other ventures which may or may not be commercial.

The individual undersigned authorizes the School and/or its designees and/or its assignees to record, by audio, video, photographic or other means, the classes, workshops and other programs and the individual undersigned’s participation in them, to copyright such recordings, and to use, reuse, publish and republish and rerecord them, in whole or in part, with or without other material, in any medium for any purpose. This authorization expressly includes the right to record, reproduce or otherwise use the individual undersigned’s face, name, likeness and voice.

The individual undersigned hereby releases and discharges the School and its designees or assignees from any and all claims and demands arising out of or in connection with the use of the foregoing and waives any rights the individual undersigned may have against the School arising out of the use and publication of said material in any manner, whether for commercial exploitation or otherwise.

This Authorization/Release/Waiver shall be for the School’s benefit and that of its designees and any legal representatives, assignees and/or licensees of the School or such designee.

2. Any recording of any activities at or in connection with the School that the individual undersigned obtains (whether by purchase or otherwise) will be for personal use only, and will not be used in any audio, video, or other reproduction or personal use, except upon securing BBI’s prior written consent. The individual undersigned will not reproduce it and will not lend, sell or otherwise dispose of it to anyone, or make a transcript of any such recording except for personal use only. If the individual undersigned makes a transcript, it will not be sold, lent or reproduced, or otherwise disposed of.
3. This agreement benefits and binds both parties. As to the individual undersigned, it will apply to all classes, workshops and other programs in which the individual undersigned participates during any and all years in which he/she attends the School, at all locations in which any of the School’s activities are carried out or held.

I understand that I am signing this Authorization/Release/Waiver to cover my participation in all the School programs.

SIGNATURE: _____
Individual Undersigned Signature Individual Undersigned Name (Please print) Date



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Please sign and date this page.

I have registered for a Brennan Healing Science Program, which includes classes and other related activities (hereinafter collectively called “the Program”) offered by Barbara Brennan, Inc. (BBI), Barbara Brennan International, Inc. (BBI), and the Barbara Brennan School of Healing (BBSH), (hereinafter collectively, unless noted differently, referred to as “the School”).

I have been informed that the general nature of the Program and the techniques used therein are designed to provide training in the art of Brennan Healing Science and will present situations that may be physically or emotionally stressful at various stages of the Program. The School has informed me that the Program is designed for healthy and emotionally stable people and that a person who, as a result of a physical, mental, or emotional disorder, is unable or unwilling to explore emotionally stressful situations or unable to deal with other aspects of the Program should not enroll in the Program, or remain as a participant in the Program. I understand that if the School determines that I need even more personal support it can require, at any time throughout the Program, that I participate in weekly bodywork or psychotherapy sessions with a practitioner approved by the School or see a physician or other healthcare professional of my choice in order to remain a student in the Program. If at any time I feel that I am unwilling or unable to engage in any exercise or aspect of the Program, or if I experience any unwanted symptoms or unusual discomfort or stress, I agree to inform the person leading the Program at once.

I represent to you that I am not now nor have I been hospitalized for a mental disorder within the past five years. I am not currently taking psychotropic medications classified as anti-psychotic within the proscribed period and no such treatment has been recommended. The proscribed period shall be two years. I understand that this prohibition shall apply to the time period commencing with this application through my participation in the Program.

I also understand that in the case of other psychotropics, which include anti-anxiety agents, anti-manic agents, anti-depressants, psychostimulants, anti-panic medications, seizure disorder medications, or prescription sedatives, there will be an interview to determine eligibility to enroll. I further represent that I am physically and mentally healthy, that I have no knowledge or reason to believe I am emotionally unstable, and that I will consult my own physician or other healthcare professional if there is any question in my mind about my physical or emotional ability to participate in the Program.

I acknowledge that the Program will involve students practicing on each other and that therefore there will be occasions when one or more other students will be practicing on me. I consent to this and I agree that the School will not be liable or responsible in any way for any aspect or outcome of this student practice.

I acknowledge the importance of the confidentiality of the identity and conversation of other participants in the Program and agree not to divulge or discuss what goes on in the Program outside of the classroom. I further agree not to use any mailing list of students in the Program without the consent of the students.

I understand that it is the School’s position that I am not prepared or permitted to provide Brennan Healing Science services until I have graduated from the 4-year Professional Studies Program or the Bachelor of Science Degree Program. I understand that the School, or any of its instructors or employees, cannot be used as a reference or credential in any form, including on a resume or curriculum vitae or as a reference or representation to any third party, nor may I represent or hold myself out to any third party that I have trained as a healer, unless and until I have graduated from the 4-year Professional Studies Program or the Bachelor of Science Degree Program.

I understand and agree that it is my responsibility to follow all applicable laws, codes, ordinances and regulations in relation to my practice of, including my observation of, and whether or not for financial gain, the information taught by the School.

I understand and agree that all written or other materials which may be presented during the Program are the property of BBI. I understand and agree that video recording, audio recording, and photographing of all or any portion of the Program is strictly prohibited. I agree not to reproduce, copy, or otherwise duplicate, publish, or disseminate in any way any such materials without the express written permission of BBI, and I further agree not to use the name of, or hold myself out to be an agent, employee, or representative of the School without the express written permission of the School. Under no circumstances will I teach any of the Barbara Brennan materials or conduct any workshops or seminars using Barbara Brennan materials. I am aware that I may not, for any reason, use Barbara Brennan’s name for purposes of advertising for any of my personal workshops. I understand and agree that during and after attending the School and even after I have graduated from the Program, I cannot conduct any practice of any kind unless the laws and regulations of my state and country allow me to do so; my attendance at the Program by itself confers no such right or entitlement to do so.

If for any reason Resident Training classes have to be rescheduled due to circumstances beyond the School’s control, such as inclement weather, personal tragedy, or illness, classes will be rescheduled at the sole discretion of the School. Any such rescheduling shall not in any way affect the student’s financial obligation.

I understand that you are relying on this agreement in accepting me into the School, and I agree that if I violate any one or more of these conditions at any time, and as a result thereof any claim is made or action is taken against the School and/or any of its principals, officers, directors, instructors, or employees, I will indemnify and hold harmless the School and/or any of its principals, officers, directors, instructors, or employees from any costs and expenses incurred (including attorneys’ fees).

I hereby assume for myself, heirs, executors, administrators, and assigns, all risk of physical and emotional injury which may occur during or after the Program. I agree to release and hold the School, its employees, and agents harmless from any liability, loss, cost, or damage arising out of my participation in the Program.

I understand and accept the foregoing rules and regulations as a condition to my acceptance into the School and as a continuing condition to my remaining in good standing as a student in the School. I understand that any alteration of this Informed Consent and Release automatically cancels my admission into the Program. I have not altered the terms of this Informed Consent and Release. I understand that I am signing this Informed Consent and Release to cover my participation for the entire duration of the Program and thereafter. I have read, understood and am accepting the “Adjunctive Requirements” and “School Standards and Policies” sections of the 2019–20 BBSH Advanced Studies Catalog. I am 18 years of age or older. I have read and consent to all conditions on this Informed Consent and Release.

SIGNATURE: _____
Individual Undersigned Signature Individual Undersigned Name (please print) Date

2019–20 Student Participation in Advanced Studies Waiver and Release for Personal Process Work



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This Waiver and Release is made by and between the Barbara Brennan School of Healing (including all of its affiliates, related entities, and successors) (collectively "BBSH"), and the student _____ (including the student's successors, heirs, assigns, and executors) (collectively "Student") who is currently enrolled in BBSH, or has satisfied the standards for acceptance into BBSH.

By accepting Student's application, BBSH undertakes to provide Student the education generally described in the BBSH Advanced Studies Catalog. By enrolling in BBSH, Student undertakes to abide by all BBSH academic policies and requirements. In partial consideration for these mutual undertakings, BBSH and Student expressly acknowledge, stipulate, and agree as follows:

1. BBSH requires Student to complete a minimum of eighteen (18) Personal Process sessions per school year with an independent, qualified Personal Process Practitioner, to support Student's personal process while at BBSH. In exceptional circumstances, BBSH may in its sole discretion require Student to obtain additional sessions to further support Student's personal process.
2. BBSH may generally prescribe the acceptable education(s), training(s), and credential(s) of the Personal Process Practitioners that Student may employ to satisfy this BBSH requirement.
3. BBSH does not recommend or require that Student employ any particular Personal Process Practitioner to satisfy Student's Personal Process Requirement. The choice of a qualified Practitioner is Student's sole responsibility and in Student's sole discretion, but the Practitioner must be qualified as set forth in the school catalog.
4. Student's Personal Process Practitioner is an independent professional, and does not act as an employee or agent of BBSH. Any client relationship is solely between Student and the Practitioner, and is held in strict confidentiality. BBSH is not privy to and exercises no oversight, direction, regulation, or control of any Practitioner's private work with Student. BBSH does not endorse, or assume any liability for the performance or actions of, any Personal Process Practitioner that Student may employ. The terms of this paragraph and this Waiver and Release include and fully apply to Personal Process Practitioners who have trained in or graduated from any BBSH program, including the BBSH Advanced Studies in Brennan Integration Work Program, and any other Personal Process Practitioner chosen by the Student to fulfill the requirements set forth in paragraph 1 of this Waiver and Release agreement. No such Practitioner provides any service to Student on behalf of BBSH or in his or her capacity as a BBSH faculty member or employee.
5. In consideration of the terms hereof, Student hereby waives, releases, remises, acquits and forever discharges and holds harmless BBSH (including all BBSH officers, employees, and agents acting within the scope of their employment or agency), from any and all losses, claims, demands, costs, attorneys fees, and liabilities whatsoever arising out of or relating to Student's choice of, work with, or interactions with any and all Personal Process Practitioners employed or used by Student.
6. Any claim or controversy arising out of, or relating to, this Waiver and Release, will be submitted to a court of competent jurisdiction in the State of Florida. If any provision of this Waiver and Release is held invalid, the remainder shall not be affected and will continue in full force and effect. This Waiver and Release may not be modified, changed, or altered except in a writing signed by the parties.

EACH PARTY HAS CAREFULLY REVIEWED AND UNDERSTANDS ALL PROVISIONS OF THIS WAIVER AND RELEASE, HAS HAD THE OPPORTUNITY TO CONSULT WITH LEGAL ADVISORS, AND FREELY AND VOLUNTARILY ENTERS INTO THIS WAIVER AND RELEASE.

By: _____
Student Signature

By: _____
Authorized Representative for BBSH

Printed Student Name

Date: _____

Date: _____

2019–20 Advanced Studies Enrollment Agreement



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STUDENT INFORMATION

First Name	MI	Last Name	Home Phone* <i>*If international include country and city codes</i>
Address			Work Phone*
			Mobile Phone*
City	State	Zip/Postal Code	Fax*
Country			Email

PAYMENT/ENROLLMENT DUE DATES

Please check the Year for which you are registering: Year 1 Year 2 Year 3

*Payments received after due date are subject to a \$100.00 Late Fee. Returned checks will incur a Handling fee of \$15.

Payment/enrollment due date:
September 1, 2019*

2019–20 ADVANCED STUDIES PROGRAM INFORMATION (YEARS 1, 2 & 3)

PROGRAM TITLE: Brennan Healing Science Advanced Studies

SEMESTER CREDIT HOURS: Year 1: 21 Credits Year 2: 21 Credits Year 3: 10 Credits

CLOCK HOURS: Year 1: 435 Hours Year 2: 435 Hours Year 3: 421 Hours

RESIDENT TRAINING: Years 1 & 2: Oct. 30–Nov. 3, 2019 Dec. 11–15, 2019 Feb. 12–16, 2020 April 22–26, 2020 June 17–21, 2020 (8AM-9PM Daily)
 Year 3: Oct. 27–Nov. 3, 2019 Dec. 10–15, 2019 Feb. 11–16, 2020 April 21–26, 2020 June 16–21, 2020 (8AM-9PM Daily)

LOCATION: Resident Training is held at Bonaventure Resort and Spa, Weston/Fort Lauderdale, Florida
(Because of the nature of the intensity and complexity of Resident Training, we strongly recommend that students stay on campus at the hotel for Resident Training.)

PROGRAM DATES: 11 months Start Date: July 15, 2019 Anticipated End Date: June 21, 2020

PROGRAM COSTS	YEAR 1	YEAR 2	YEAR 3
RESIDENT TRAINING AND DLM TUITION	\$7900.00	\$7900.00	\$1800.00
TEXTBOOKS	Approx. \$250.00	Approx. \$250.00	NA
PERSONAL PROCESS WORK	Approx. \$75-125/session (18 required)	Approx. \$75-125/session (18 required)	Approx. \$75-125/session (18 required)

2019–20 CANCELLATION AND REFUND POLICY

Refund guidelines for student withdrawal or dismissal:

1. A student must withdraw from the program in person or send the Registrar a withdrawal letter via United States Postal Service certified mail (or equivalent if international) or via a courier service using a tracking number.
2. All monies (Resident Training and DLM Tuition) will be refunded if the School does not accept applicant or if applicant withdraws application within three (3) business days after the application and payment are accepted by the School. After 3 business days, \$50.00 of all monies paid is nonrefundable. Thus, tuition refunds are calculated after subtracting \$50.00 from all monies paid.
3. Tuition refunds from Integrative Distance Learning Modules (DLMs) and Resident Training are calculated separately and based on percentage of completion. DLM completion is based on DLMs received and evaluated. For both Years 1 & 2, 82% of tuition (\$7900.00) is for Resident Training and 18% of tuition is for Distance Learning Modules. For Year 3, 100% of tuition (\$1800.00) is for Resident Training.
4. Cancellation after attendance has begun, through 40% completion of the program, will result in a pro rata refund computed on the number of hours completed to the total program hours.
5. Cancellation after completing more than 40% of the program will result in no refund.
6. The termination date for refund computation purposes is the last date of actual attendance of Resident Training. The start date for refund computation purposes is the **Program Start Date** listed above. Resident Training percentage of completion includes all days scheduled prior to termination date, **whether or not the student has attended.**
7. Refunds will be made within 30 days of termination or receipt of cancellation notice.
8. If the School cancels the program for any reason, students who were enrolled in the program will receive a complete refund of all monies paid.
9. A student can be dismissed at the discretion of the School Official for insufficient progress, nonpayment of costs, or failure to comply with School standards and policies.

DISCLAIMER: There is no guarantee of placement and/or employment with the completion of this program. The Barbara Brennan School of Healing reserves the right to change programs, start dates, tuition, fees, and/or to cancel programs. Any changes will be made in accordance with the Commission for Independent Education rules and regulations. Any changes will be detailed in the Catalog Addendum and students will be informed in writing.

2019–20 Advanced Studies Enrollment Agreement



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PAYMENT METHOD

VISA MasterCard Discover American Express Wire Transfer*

□□□□-□□□□-□□□□-□□□□

Credit Card Number

□□-□□

Exp. date (Month/Year)

□□□□

Last 3 digits on back of card
(4 digits for American Express)

Name (PRINT exactly as it appears on card) _____ Signature _____

PAYMENT OPTIONS • YEARS 1 & 2 Only PLEASE CHECK ONE OF THE FOLLOWING THREE PAYMENT OPTIONS:

<input type="checkbox"/> PAYMENT IN FULL	
\$7900.00	7900.00 Total Tuition
	+ 100.00 Late Fee (After September 1, 2019)
	Total Amount Enclosed

<input type="checkbox"/> PARTIAL PAYMENT		<input type="checkbox"/> Automatically charge my credit card for the balance of my tuition on November 1, 2019. (Complete credit card information above.)
\$3950.00	3950.00 Tuition Deposit	
	+ 100.00 Late Fee (After September 1, 2019)	
	Total Amount Enclosed	
\$3950.00	Tuition Balance Due November 1, 2019	

PAYMENT PLAN (There is no Finance Charge associated with this payment plan.)

\$1900.00	1900.00 Tuition Deposit
	+ 100.00 Late Fee (After September 1, 2019)
	Total Amount Enclosed
\$6000.00	Tuition Balance Due • See payment schedule to the right

Your payment schedule will be:

Number of Payments	Each Payment Amount
10	\$600.00

Automatically charge my credit card for the balance of my tuition payments on the first day of each month as specified in this payment plan. (Complete credit card information above.)

First payment is due **September 1, 2019**. Additional payments are due on the first day of each month thereafter, for a total of 10 months. There is a \$20.00 late charge for payments received after 10 days of due date.

PAYMENT OPTION • YEAR 3 Only

<input type="checkbox"/> PAYMENT IN FULL	
\$1800.00	1800.00 Total Tuition
	+ 100.00 Late Fee (After September 1, 2019)
	Total Amount Enclosed

*For information on wire transfer of funds, please contact the BBSH Finance Department.

Students must keep their tuition payments current at all times. Students who are not current with their tuition payments are not permitted to enter Resident Training classrooms and are not permitted to continue with the Distance Learning Modules. All prices for programs are printed herein. There are no additional carrying charges, interest charges, or service charges connected or third party charges at any time. For all payments made by wire transfer of funds, any fees deducted by the sending and receiving of funds due the school will be billed to the student's account. Cost of credit is included in the price costs for the goods and services. Costs for transportation, lodging, and meals during Resident Training; textbooks; and supervision are not included in the tuition amount.

A Diploma is issued to each student who successfully completes the Program.

This Agreement constitutes a binding contract upon acceptance by the School. This Agreement may be executed in counterparts and/or by facsimile, any such counterpart or facsimile shall for all purposes, be deemed an original but all such counterparts or facsimiles together shall constitute but one and the same instrument for wire transfer.

Note: Tuition deposit must be included in order to process your application.

SIGNATURE

Return this form to BBSH. A copy will be returned to you upon your acceptance to the program.

Print Your Name _____

I affirm that I have received and read a copy of this binding agreement and the 2019–20 Advanced Studies Catalog.

(X) _____
Student Signature Date

FOR OFFICE USE ONLY. ACCEPTED BY:

School Official

Title

Date

Payment Amount Received: \$ _____