



UNIVERSAL HEALING TAO® System

Associate Instructor - Case Study Form

for becoming a UHT Associate Instructor

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Applicants' profile to become UHT Associate Instructor

Surname Trainee	First Name Trainee
e-mail	Mobil Phone
Zip/post code	City
Street / No.	Birthday
Country	State
Please note your UNIVERSAL HEALING TAO training hours: when, where, and with whom!	

Dear UHT Associate Instructor Trainee,

Nine completed Associate Instructor Case Study forms are required to reach the level of 'UHT Associate Instructor. In order to train and develop your skills, Grand-Master Mantak Chia wants you to show your UHT Basic practices for this part of your UHT Associate Instructor training. For each of the 9 teaching sessions with students (who can be: partners, clients, friends or relatives), ask your students to fill out the following questionnaire. These nine completed UHT Case Study Forms are part of your own training path, but please observe any legal regulations in your country.

Thank you very much!

UHT Associate Instructor is the first education step in the UNIVERSAL HEALING TAO® System of Grandmaster Mantak Chia. I confirm that I will not publish, teach, or in any form or way attempt to impart the principles of the Universal Healing Tao to the public, until such time as I have received personally from Grandmaster Mantak Chia, or his representative, the training and testing necessary to become a qualified practitioner of the UNIVERSAL HEALING TAO® practices.

Letter of agreement

I hereby confirm with my signature that I have been informed of the general conditions and principles of the UHT System; I agree with them and I will abide with them. I have also been informed that all my data collection is voluntary.

Date Applicant's name in print letters Applicant's Signature

Please send in or hand over this application 1. Page one, and the 9 completed case study forms to the UHT Senior Instructor who is going to certify you.

UHT CASE STUDY FORM - TO BE FILLED IN BY THE STUDENT/CLIENT

Please fill in after 3 – 5 trainings!

1. Name :	Surname :
2. Gender: <input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> other/don't wish to say	Age :
3. E-mail	Country:
<p>1. UHT Inner Smile: first time? Yes/No if yes, how many times have you done it before?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel/visualize your organs?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel/visualize color of the organs?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel/visualize the emotions of your organs?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel/visualize the elements of your organs?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel any benefits?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Do you think you will make this a daily or regular routine?</p> <p>Describe briefly your experience:</p>	
<p>2. UHT Six Healing Sounds: first time? Yes/No if yes, how many times before?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel any transformation of negative emotions?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel any release of physical/emotional tension in your body?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Did you get the feeling that this mediation could help you in your life?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Did your sleep improve?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Can you handle your negative emotion/attitude better?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO You think you will make this a daily or regular routine?</p> <p>Describe briefly your main experience:</p>	
<p>3. Chi Self-Massage first time? Yes/No if yes, how many times?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Did you feel that reflex zones /meridians are connected to the head, hands and feet?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel a relaxing effect or energy flow from the self-massage?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Can you imagine making self-massage a regular habit?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Can you imagine any improvement from doing it?</p> <p>Describe briefly your main experience:</p>	
<p>4. Self-Healing Qi Gong first time? Yes/No if yes, how many times?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO I believe I can do a lot for keeping my body healthy and/or cure many illnesses myself</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO I believe Self-Healing Qi Gong works well in prevention</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO I believe Self-Healing Qi Gong can boost my immune system?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Could you feel any pain relief? Better blood flow? Emotional release?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> ?? <input type="checkbox"/> NO Can you imagine daily or regular Qi Gong in your life?</p> <p>Describe briefly your main experience:</p>	

I am aware that UNIVERSAL HEALING TAO® System is primarily an educational process enabling me to care for myself in a more informed way. I know that I am responsible for my own physical, emotional, mental, and spiritual well-being. This training will enable me to understand myself better and become capable of functioning more fully as a complete being in harmony with myself. I am not here to be treated for any illness, disease, or disability. With this Taoist meditation and Qi Gong practice after Grandmaster Mantak Chia no diagnoses are made, it can in no case replace the visit with the doctor.

Date	Students name in print letters	Students Signature
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