



Training Application Form

Name: _____ Home Phone: _____

Street: _____ Bus. Phone: _____

City: _____ Fax: _____

State, Zip: _____ Email: _____

Occupation & years: _____ Date of Birth: _____

How did you hear about CSES? _____

Training for which you are applying: _____

Start Date of this training: _____

Summarize your health education experience; specify professional training:

Graduates of CSES Courses do not need to complete this section (we already have the information)

Summarize your experience as a professional in the health field:

Graduates of CSES Courses do not need to complete this section (we already have the information)

Please describe your health condition & medical history, including any current medications:

Have you ever been convicted of a felony? If yes, please give details here or on a separate page, or contact us for an interview.

Please use separate paper to answer these questions

Send this completed form with \$100 to:

COLORADO SCHOOL OF ENERGY STUDIES (303) 443-9847 • fax (303) 415-1839
1721 Redwood Ave. www.energyschool.com
Boulder, CO 80304 email: info@energyschool.com

DEPOSIT POLICY: \$50 is refunded if you withdraw your application; \$100 is refunded if your application is not accepted by CSES; deposit is deducted from course tuition total