

Sage-ing Leader Certification Program Application Form

Date of Application:			
Full Name:			
Address:			
City:	State:	Zip:	
Email:		Phone:	
Instructions:			
1. Return your	application and your response	s to:	
Cer	nne Marsh tification Program Coordinator arsh@sage-ing.org		
2. <u>Click here</u> t	o make your \$50.USD non-refu	ndable Application Processing Fee	
Confirmation of Pr	erequisites:		
		- sponsored workshop: Deepening the Sage Within y Program of Sage-ing International:	ı; or
Workshop Date:	Workshop Location:	Facilitators:	
Please check all tha	t applies:		
I have read <i>Fron</i>	m Age-ing to Sage-ing by Zalma	an Schachter-Shalomi & Ronald S. Miller	
I am reading Fro	om Age-ing to Sage-ing by Zaln	nan Schachter-Shalomi & Ronald S. Miller	
I have complete	d the Exercises for Sages in Ti	aining found in the Appendix of From Age-ing to Sa	ige-

I am working through the Exercises found in the Appendix: Exercises for Sages in Training

ing (p. 267 in the 2014 edition)



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Please address each of the following questions.

Applicant Information	Applica	ant	Infor	mation	1:
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1.	Describe your int Sage-ing Leader.	0	g and aging	spiritually, and	why you would	l like to be a	Certified

2. List your formal educational background and any training and leadership roles which might relate to and/or complement your Sage-ing program.



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3.	Illustrate how you feel you are suited for leading Sage-ing programs. Please include the course o your own spiritual development.
4.	Describe your involvement with groups relating to inner work such as energy work, meditation journaling or rituals, including leadership roles.



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5. List three references and their contact information including email address.

Upon review of this document, the about your application.	Certification Program Coordinator v	will schedule time for a conversation