



**NORTHERN NEW YORK
REIKI ASSOCIATION**
REIKI ONLINE CERTIFICATION PROGRAM

REIKI COURSE APPLICATION

Please complete all applicable sections. Information is used for enrollment and certification records.

1. STUDENT INFORMATION

Full Name: _____
Address: _____
City / State / ZIP: _____
Phone Number: _____
Email Address: _____
Preferred Contact: ☐ Email ☐ Phone ☐ Text Message

2. COURSE ENROLLMENT

Which course are you enrolling in? Please check one or more.

- ☐ Reiki I Certification
☐ Reiki II Certification
☐ Advanced Reiki Training
☐ Reiki Master Certification
☐ ALL REIKI COURSES - Complete Certification Program

3. PREVIOUS REIKI EXPERIENCE

Have you studied Reiki before? ☐ Yes ☐ No

Previous Reiki Level Completed: _____

Name of Reiki Teacher: _____

Year Completed: _____

Have you received a Reiki attunement before? ☐ Yes ☐ No ☐ Not Sure

Attunement Level(s): ☐ Reiki I ☐ Reiki II ☐ Advanced Reiki ☐ Reiki Master



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4. YOUR INTEREST IN REIKI

Why would you like to study Reiki?

What do you hope to gain from this Reiki training?

How do you plan to use your Reiki training? Check all that apply:

- | | |
|--|--|
| ☐ Personal wellness and self-care | ☐ Helping family and friends |
| ☐ Personal and spiritual growth | ☐ Developing greater awareness of energy |
| ☐ Professional Reiki practice | ☐ Adding Reiki to an existing wellness practice |
| ☐ Becoming a Reiki Master | ☐ Teaching Reiki to others |
| ☐ Other: _____ | |

5. LEARNING ABOUT QI AND ENERGY

Northern New York Reiki Association training offers a deeper exploration of Qi (energy) from a Traditional Chinese Medicine perspective, including awareness of how Qi flows through the body and how this understanding can complement Reiki practice.

What would you most like to learn about Qi, energy, and Reiki?

6. REIKI MASTER APPLICANTS

Complete this section if you are applying for Reiki Master Certification.

Reiki training already completed: _____

Previous Reiki teacher: _____

Why do you want to become a Reiki Master?

Do you intend to teach Reiki? ☐ Yes ☐ No ☐ Possibly in the future



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7. ONLINE LEARNING

Do you have reliable internet access? ☐ Yes ☐ No

Are you comfortable participating in an online course? ☐ Yes ☐ No ☐ I may need assistance

Primary device: ☐ Desktop ☐ Laptop ☐ Tablet ☐ Smartphone

8. HOW DID YOU HEAR ABOUT US?

☐ Northern New York Reiki Association Website

☐ YouTube

☐ Facebook

☐ Google / Search Engine

☐ Friend or Family Member

☐ Current or Former Student

☐ Referral

☐ Other: _____

9. STUDENT ACKNOWLEDGMENT

I understand that Reiki training is intended for educational, personal-development, and complementary wellness purposes. Reiki training does not replace medical diagnosis, treatment, psychotherapy, or care from a qualified healthcare professional. I understand that successful completion of applicable course requirements may be necessary before receiving certification. I certify that the information provided on this application is accurate to the best of my knowledge.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

10. FOR OFFICE USE ONLY

Application Received: _____

Course Selected: _____

Enrollment Date: _____

Payment Status: _____

Prerequisites Verified: ☐ Yes ☐ No ☐ N/A

Certification Track: _____

Notes:

