

Practice Leader Fellowship Program Application Form

The Healer Within Foundation Practice Leader Fellowship Program seeks to find and support remarkable individuals able to cultivate community practice groups for and with individuals and/or groups who have been traditionally underserved, and those whose work and dedication focuses on a better, more equitable future.

These extraordinary individuals make efforts towards greater impact; seek out creative approaches; are diverse members of our global community; and inspire others to take innovative and creative approaches to sharing Qigong, Tai Chi Easy™ and other evidence-based, mind/body/spirit wellness practices; whether sharing online or in-person.

We welcome applications from individuals who meet all of the following criteria:

- Commit to a full year of leading practice
- Provide a brief, written progress update after six months
- Participation in the Tai Chi Easy™ CPG Benefits Survey
- Agree to share Fellow experience through HWF publications and events, such as the <u>HWF Newsletter</u> and Fifth Saturday program

1. Contact Information

Name of Certified Tai Chi Easy™ or Healer Within Practice Leader:	
Address:	
Email:	Phone:
2. Community Served Who has benefited or will benefit from your work (provide a specific target community), and where are they located? Group/Community Name:	
Location:	

3. Strategy and Funds

Describe your plans and include details on activities you provide and/or any associated past expenses or expected future cost(s):

4. Impact Where do (or did) you lead Tai Chi Easy™ or Healer Within community practice groups and what results has your work yielded? Please include any anecdotal information or data that demonstrates the impact your work has on your target community or geographic region.
5. Suitability Why do you feel you are/will be effective in providing services to your target community?
What experiences, education, background and/or skills do you possess which make you suited to provide community practice group service and leadership?
6. Attestation If selected to receive a fellowship, do you agree to provide community practice group leadership for the full 12 months of the fellowship term; to complete and submit a brief midterm status update form to the fellowship committee (at or around the sixth month of the fellowship term); participate in the CPG Benefits Survey; and agree to be featured in HWF publications? YES NO
Please submit completed application to <u>ADMIN@HealerWithinFoundation.org</u> Thank you!