

Inner Solutions for Success

Application form

Available Programs

- Professional Boundaries Program Date: _____
- Stress, Coping, and Communication Date: _____
- Healthcare Education and Leadership Program (HELP)
- Executive coaching
- Leadership Training Program Date: _____
- Other, please explain: _____

Contact information

Name: _____
 First M.I. Last

male female Date of birth: ___/___/___

Social Security #: ____-____-_____

Home address: _____

Work address: _____

Correspondence should be sent to home work

Home: _____ Home fax: _____

Work: _____ Work fax: _____

Cell phone: _____ Pager: _____

Email: _____

What is your first language? _____

Who should we contact in case of an emergency? _____

Phone: _____

Who referred you to ISS?

- State medical board -- What state? _____
 Attorney -- Please name: _____ phone: _____
 Hospital/medical group leadership Name: _____
 Self Other Specify: _____

Practice information:

Degree: M.D. D.O. P.A. Other: _____

State license #: _____ Are you currently in practice? No yes

Specialty of current clinical practice: _____

Board certified in: _____ Most recent certification date: _____

Name and date of medical school graduated from: _____

Name and date of residency completed: _____

Has your license to practice medicine ever been suspended or revoked? No yes

If yes, please explain: _____

Have you ever been denied or lost hospital privileges? No yes

If yes, please explain: _____

Are you currently on probation due to the actions of a state medical board?

No yes If yes, please explain:

Name and phone # of probation monitor: _____

Have your hospital privileges ever been denied, lost, or suspended or have you received any disciplinary action? (e.g. An 805 filed?) No yes

If yes, please explain: _____

PAYMENT INFORMATION

If you plan to pay for ISS services by check or money order, please make check payable to “Inner Solutions for Success.”

Credit card: MasterCard Visa American Express

Name on card: _____

Card #: _____

Expiration date: _____

Amount to be charged: _____

Authorization signature: _____ Date: _____

No charges will be made to your credit card until after you have completed an intake interview. All interviews are conducted by phone, take approximately 1 hour, and are mandatory prior to participation in all ISS courses.

Cancellation policy:

1. There must a minimum of 4 participants to conduct a Professional Boundaries Program or a Stress, Coping and Communication course. On rare occasions, a course may need to be cancelled if participants drop out unexpectedly. If a course needs to be cancelled or altered due to no fault of your own, you will receive a full refund or can attend the next scheduled course, with no financial penalty.
2. There will be a \$200.00 administrative fee for cancellation less than 2 weeks in advance of the scheduled program, with the remaining balance returned within 30 days of the cancellation date.
3. No refund will be possible for a ‘no show’, unless there is sufficient documentation of an emergency or an unforeseen disaster, in which case, the applicant can apply the fee to another course or related service.

When sending correspondence by regular U.S. mail, please use the following address:

**Inner Solutions for Success
Attn: Elizabeth R. Becker, LCSW
P.O. Box 235297
Encinitas, CA 92023**

Consent and release of information

I authorize Inner Solutions for Success to disclose and exchange information pertaining to my participation in ISS services with the following entities:

I understand that information about my participation in ISS educational programs shall be available for review by the above-named entities or their designees on a need to know basis. I also acknowledge that if I am attending the Professional Boundaries Program or the Stress, Coping and Communication course due to a stipulated agreement with a state medical board, ISS does not need a signed release form in order to communicate or provide information to state probation monitors verifying attendance, or to send copies of a final report.

By my signature below I agree to hold harmless Inner Solutions for Success, its officers, agents, and employees from any liability resulting from or arising in connection with this agreement.

Signature

Name

Date: _____

INNER SOLUTIONS FOR SUCCESS FAX #: (760) 230-6134