

Application Form – Ancestral Healing Practitioner Program

Name (please print) _____

Address _____ City, state, zip _____

Phone _____ Email _____

Please fill out the registration form and include written answers to the questions below. You may type or hand write your responses on a separate sheet of paper.

Please include a non-refundable application fee of \$50 to hold your space in the program. *Make checks payable to Debra Morrill.*

Mail completed application and \$50 fee to:

Debra Morrill, PO Box 766, Baraboo, WI 53913

For electronic applications:

You can also email your completed application and make payment online via PayPal, Zelle, or Venmo. The email address linked to the account is debramorrill6@icloud.com.



Questions to Answer

- 1) Describe your current practice.
- 2) Why are you drawn to participate in the practitioner program and learn ancestral work?
- 3) List the classes you have taken in your shamanic training.
- 4) Describe your comfort level with receiving information and intuitive guidance during shamanic journeys.
- 5) Are you able to hold space for yourself and others when uncomfortable or dark energy arises?
- 6) Do you have any concerns about participating in the ancestral healing program?
- 7) What do you need/expect from Debra as your teacher?
- 8) This series meets three times in-person with homework and Zoom meetings in between. There is an expectation of completing case studies. Are you able to commit the energy, time, and financial resources to following through?
- 9) Do you have any medical or physical conditions that may affect your participation? Do you have any mental illness that may impact your ability to be present and safe?
- 10) Do you have any questions for Debra?