



Holistic Cultural and Education Wellness Center

A program of Fresno Center for New Americans and its partners

2014

APPLICATION FOR ELIGIBILITY ALTERNATIVE HOLISTIC PROVIDERS



WELLNESS • RECOVERY • RESILIENCE



Promesa
BEHAVIORAL HEALTH
promoting growth and wellness...





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The Holistic Cultural and Education Wellness Center (HCEWC) addresses mental health related issues for clients who choose alternative cultural and ethnically focused wellness and recovery practices. Alternative types of cultural practice and healing based around wellness and recovery are used to create positive change and meet the unique needs of individual and community groups. The Center offers education, awareness, and information regarding alternative healing and accessibility to targeted populations such as Native Americans, Asians, African Americans, Latinos, LGBTQ, Veterans, and members of other cultures that use traditional healers such as Curanderos, Shamans, Spiritual Healers, Sweat Lodge Leaders, Faith-Based Leaders, Meditation Gurus and other cultural healers that focus on healing the whole person as opposed to just mental health. The Center is a holistic wellness organization comprised of representatives from various cultural/ethnic groups that address alternative forms of healing.

To better assist clients in achieving wellness, recovery and resilience, HCEWC seeks to enlist alternative holistic service providers from the different community cultural/ethnic groups. Your interests and willingness to support people's health and well-being by completing the attached application and submit to HCEWC for consideration will be greatly appreciated. Feel free to contact HCEWC as needed at 559-255-8395 for assistance with completing this application.

4879 East Kings Canyon Road
Fresno, California 93727

Telephone: 559.255.8395 | Website: www.hcewc.org



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GENERAL INSTRUCTIONS

ALL APPLICANTS MUST SUBMIT THE FOLLOWING:

APPLICATION	Type or print in ink. You must respond to all questions and requests on the application. Attach your photo and sign the application or the application will be returned to you.
COVER LETTER	A cover letter stating your desire to be on the HCEWC Resource List of "community recognized" individual Alternative Holistic Healers must be attached and submitted with the application.
RECOMMENDATION LETTERS AND/OR TESTIMONIALS	Attach separate recommendations and/or testimonials from no less than 3 individuals. <u>Two must be from recognized community leaders in the represented population and one must be someone who has received services from you.</u> Letters MUST address the following: <ul style="list-style-type: none">• How you are a recognized and respected member of your cultural and/or community group(s)• How you are in good standing based on community's standards and norms• How your practice(s) are defined and accepted by the population served
FINAL SUBMISSION	Final submission can be mailed in or hand delivered to: Attn: Holistic Cultural and Education Wellness Center Fresno Center for New Americans 4879 East Kings Canyon Road Fresno, California 93727
BACKGROUND CHECK	Upon acceptance, it is the applicant's responsibility to do the following: <ul style="list-style-type: none">• Complete background check clearance.• Complete W-9 Form (Forms and further instructions available at the Holistic Cultural and Education Wellness Center)

DO NOT INCLUDE THIS INSTRUCTION PAGE WHEN SUBMITTING YOUR APPLICATION FOR ELIGIBILITY TO THE HOLISTIC CULTURAL AND EDUCATION WELLNESS CENTER

LEGAL NAME: _____

LAST	FIRST	MIDDLE	MAIDEN

GENDER: ☐ Male ☐ Female ☐ Other

☐ African American ☐ Asian/Pacific Islander ☐ Hmong ☐ Cambodian ☐ Lao ☐ Caucasian/White
☐ Hispanic/Latino ☐ Native American/Alaskan Native ☐ LGBTQ ☐ Other (Please Specify) _____

CITY	STATE	ZIP CODE
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CITY	STATE	ZIP CODE
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DAYTIME PHONE: _____ - _____ **OTHER PHONE:** _____ - _____

E-MAIL ADDRESS: _____
Acknowledgement of your application and updates will be communicated via email as needed.

SCHOOL	ADDRESS	ATTENDED DATES (From & To)	DEGREE (Yes & No)	SUBJECT STUDIES
College:				
High School:				
Vocational School/Special Training:				

(e.g. LMFT, LCSW, CLINICAL PSYCHOLOGIST, MDs)

Type: _____ Number: _____ State: _____ Current? ☐ YES ☐ NO

You may provide copies of your licensure card or certificate if you choose to do so. However, if you have had any disciplinary action taken against your license or certification, please provide the HCEWC with final outcome of the actions taken.

PART II: HOLISTIC HEALING SERVICE INFORMATION

TYPES OF ALTERNATIVE HOLISTIC HEALERS	<input type="checkbox"/> Ayurvedic Medicine / Herbalist
	<input type="checkbox"/> Curandero(a)
	<input type="checkbox"/> Cultural Broker
	<input type="checkbox"/> Faith-Based Leader
	<input type="checkbox"/> Aromatherapist
	<input type="checkbox"/> Meditation Guru/Specialist
	<input type="checkbox"/> Nutritionist
	<input type="checkbox"/> Reiki Master
	<input type="checkbox"/> Acupuncturist
	<input type="checkbox"/> Shaman
	<input type="checkbox"/> Sweat Lodge Leader
	<input type="checkbox"/> Yoga Instructor
	<input type="checkbox"/> Zumba Instructor
	<input type="checkbox"/> Other _____
YEARS OF PRACTICE	Please specify the number of years for the above practice: _____
DESCRIBE YOUR PRACTICE AND SERVICE:	
Please briefly describe the services and/or practices involved, including but not limited to what is involved in your practice (e.g. Type of tools used, frequency, length of times, special accommodations, practice setting, etc...)	
CONDITIONS THE PRACTICE TREATS AND/OR HEALS:	
Please list or describe the type of condition(s) you treat:	
EXPECTED OUTCOMES AND POSSIBLE ADVERSE AFFECT:	
Describe possible outcomes and/or any adverse effect expected from your practice/service:	
TARGETED POPULATION:	
Please list or describe your targeted population:	

PART II: HOLISTIC HEALING SERVICE INFORMATION (CONTINUE)**LANGUAGE:**

Please indicate the language(s) you use in your service:

FEE FOR SERVICE SCHEDULE:

Please provide your published fee for service. If you do not have a set fee for service, describe your mode of compensation for service (e.g. donation, etc.)

PART III: EDUCATION AND/OR PROFESSIONAL LICENSURE/CERTIFICATIONS, if required for your practice.**HIGHEST LEVEL OF EDUCATION OBTAINED AND/OR REQUIRED FOR YOUR PRACTICE/SPECIALIZATION?**

<input type="checkbox"/> Professional Degree	<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Trade/Technical/Vocational Training	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Some College Credit, No Degree	<input type="checkbox"/> High School Graduate, Diploma or the equivalent (GED)
<input type="checkbox"/> Some High School, No Diploma	<input type="checkbox"/> Grade School
<input type="checkbox"/> No schooling completed	<input type="checkbox"/> My practice does not require formal education/training/licensure/certification
<input type="checkbox"/> Informally Trained <input type="checkbox"/> Length of Time _____	

Please describe how you attained your knowledge and skills to practice (e.g., informal education, acquiring knowledge by a master in your practice, inherited through bloodline or spiritual calling, etc.)

Currently, are you a part of any organization that recognizes your alternative holistic practice?

☐ YES ☐ NO If yes, please list:

PART III: EDUCATION AND/OR PROFESSIONAL LICENSURE/CERTIFICATIONS, if required for your practice (CONTINUE)

Is your current alternative holistic practice(s) licensed/certified by a particular group?

[] YES [] NO

If yes, please list:

PART IV: HOLISTIC HEALING PRACTICE EXPERIENCE

1. EMPLOYMENT HISTORY:

Employer	Address/Phone	(Start/End Date)	Reason for Leaving	Job Title & Duties
1.				
2.				
3.				

NOTE: Please write the number of the job you do not want HCEWC to contact as a reference check ().

2. SELF-EMPLOYMENT:

Business Name, City and State	Job Title and Responsibilities	Start/End Dates

PERMISSION TO CONTACT FOR REFERENCE

Name: _____ Contact Number: _____

PART IV: HOLISTIC HEALING PRACTICE EXPERIENCE (CONTINUE)

3. COMMUNITY SERVICE / VOLUNTEER:

Place of Practice, City and State	Job Title and Duties	Date(s) of Practice

PERMISSION TO CONTACT FOR REFERENCE

Name: _____ Contact Number: _____

4. REFERENCE (2 Community Leaders & 1 from Client):

Name	Address & Phone/Email	Years known
1.		
2.		
3.		

PART V: APPLICANT SIGNATURE

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current HCEWC Policy Procedure Guide for Alternative Holistic Healers, and I agree to abide by these procedures and rules.

AFFIX ORIGINAL
PASSPORT PHOTO
OF APPLICANT

(2" X 2") TAKEN
WITHIN THE LAST
SIX MONTHS

Signature of Applicant

Date

Passport photo must be attached.