



Clinical Foundations Mentorship Application

Thank you for applying to Sovereignty Herbs Online Clinical Foundations Mentorship Program. This rigorous program was created to support students of Clinical Herbalism who are interested in pursuing clinical practice.

Please complete the following application and submit all accompanying application materials via email to office@sovereigntyherbs.com. Note your application will not be considered complete until your letter of recommendation has been received (see section IV). Once submitted your application will be under review and Erika Galentin, MNIMH RH will contact you to set up an online meet and greet session to speak about your goals for mentorship and provide you with the opportunity to ask any questions about the program and logistics. You will be notified of your acceptance into the program by email.

Upon acceptance to the program, a \$500 non-refundable deposit to hold your spot is due. Balance of the program fee is due by the start of the program. Payments can be paid online by invoice or by check or money order to Sovereignty Herbs. If you require a payment plan, please notify Erika during your meet and greet session or by emailing her directly at office@sovereigntyherbs.com.

I. Personal Information

Legal Name: _____

Preferred Name: _____

Pronouns (i.e. he, she, they) _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Email Address: _____

Current occupation: _____

II. Herbal Studies & Experience

1) Indicate your current level of herbal experience (please check all that apply):

___Advanced Student with approximately 2-3 years of intensive herbal study in a formal clinical herbalism program:

Please indicate Name of School & Program_____

___Graduate of a formal clinical herbalism program:

Please indicate Name of School & Program_____

___Committed Student with approximately 3-5 years of intensive self-study.

___Beginning Herbalism Practitioner with a year or less of clinical experience.

2) Describe your studies and training as an herbalist to date. Beginning with earliest, include a chronological list of schools, correspondence courses, online courses, workshops, and trainings completed. Use a separate piece of paper –OR- attach a current CV to your application.

3) Are you currently a licensed health care practitioner? ____no ____yes

If yes, which profession: _____

4) Are you currently perusing 'Registered Herbalist' status with the American Herbalists Guild? ____no ____yes

5) Do you own an herbal business? ____no ____yes

If yes, Business Name & Type:_____

Website: _____

6) Are you currently a member of any herbal organizations? ____no ____yes

If yes, which ones:

III. Intentions

Please use a separate piece of paper to answer the following questions (3 – 5 paragraphs):

- 1) Why do you want to be a clinical herbalist?
- 2) What kind of clinical experience have you had, if any?
- 3) Please tell us about your goals and expectations for the Online Mentorship Program.

IV. References

In addition to completing this application, a professional letter of recommendation from a colleague, mentor or teacher, should be submitted via email to Erika Galentin (office@sovereigntyherbs.com) by the application deadline. This letter of recommendation should include but is not limited to the following information:

- 1) For how long and in what capacity have you known the applicant?
- 2) In what ways do you think the clinical mentorship will benefit the applicant?

Please disclose the name of the individual providing your letter of recommendation so we can be on the lookout for it:

Name: _____