

THE STONE MEDICINE GUILD

Registered Stone Medicine Practitioner Additional Class Form

*PLEASE use this form for Classes for which **no** CEs or certificates are given.*

-
- Class Name** _____
 - Instructor** _____
 - School or Organization** *(if applicable)* _____
 - Date** _____
 - Location** _____
 - Actual Lecture Hours** _____ *(Does not include event non-lecture time, break-out groups, homework time, etc.)*

 - Instructor Signature** _____
- OR**
- Other Verification of Attendance** *(Please include with application)*

Name: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

E-mail: _____ **Phone:** _____

By signing this form, I understand:

That I am agreeing to providing truthful class information, and that all classes are for stone medicine classes only.

Signature: _____ **Date:** _____

// Include this form with you RSMP Application //