

THE STONE MEDICINE GUILD

Registered Stone Medicine Practitioner Classes Taught Form

*PLEASE use this form for Classes taught by the applicant,
as well as attaching an outline for the class.*

- 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** _____

 - Outline for this class has been included.*
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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 //