



Congratulations on starting your Perfect Health Teacher's Path.

In order to receive your materials and begin your Home Study, the following documents are required:

1. Perfect Health Home Study Application
2. One-page essay, describing your intentions and desires to become a Perfect Health instructor, as detailed in the Perfect
3. Health Home Study Application
4. Perfect Health Enrollment Agreement
5. Perfect Health Legal Guidelines Form
6. Health Information Form

Please find the necessary documents on the following pages.

Important reminders for completing paperwork:

- Please send all completed forms and essay back by email, fax or regular mail as soon as possible, regardless of your intended date to attend the certification course.
- When submitting the Enrollment Agreement, please submit all pages, even pages without signatures.
- Please note that electronic signatures are not legally acceptable, so all forms must be printed, manually signed and emailed, faxed or mailed in.
- Please keep a copy of each form for your records.
- Please submit by one of the following methods:

1. Mailing address:

Chopra Center
ATTN: Teresa Long
2013 Costa del Mar
Carlsbad, CA 92009

2. Fax: 760-431-1346

3. Email: ccu@chopra.com



Perfect Health
Certification Course Application
(Please Print Clearly)

Date _____

Name _____

Mailing Address (where you would like the home study kit mailed to, no PO address):

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Occupation _____ Education _____

Primordial Sound Meditation Instruction:

Instructor Name _____ Place _____ Date _____

Attendance at:

Journey into Healing: Location _____ Date _____

Seduction of Spirit: Location _____ Date _____

Date of Scheduled Certification Course, Part 2 _____

Scheduled date of the Perfect Health Program with Panchakarma _____

Are you currently a Chopra Center Certified Instructor? Yes _____ No _____

If yes please list your certification(s): _____

What languages do you speak fluently? _____

Where do you plan to do most of your instructing?

City _____ State _____ Country _____

Other areas where you will be instructing _____

Please list other programs for self-improvement/knowledge that you practice:

Do you have experience teaching special groups?

Other skills and talents related to teaching Perfect Health:

Essay:

Please include a one page essay on why you would like to become a certified instructor of Perfect Health.

Signature _____ **Date** _____

**PERFECT HEALTH CERTIFICATION COURSE TRAINING
ENROLLMENT AGREEMENT**

This Agreement is entered into as of today's date _____ between the Chopra Center For Well Being, Chopra Enterprises, LLC. with its offices at 2013 Costa del Mar Road, Carlsbad, CA 92009, and _____ (hereinafter "Student").

The training shall be considered to have begun upon enrollment and shall be finished upon the successful completion of the Teacher Training Course.

1. In consideration of the following terms and conditions, the Chopra Center agrees to:

- 1.1** Instruct and train Student in the methods and procedures for a specific Ayurvedic Educational classes called Perfect Health, The Chopra Center Ayurvedic Lifestyle Program (Perfect Health). This training will include how to teach the Perfect Health, The Chopra Center Ayurvedic Lifestyle Program classes to others.
- 1.2** This training may include future instruction in additional techniques, updating and/or modifying prior instructions and continuing education. It is required that you attend the Journey Into Healing Seminar every two years after your graduation date. If you reside outside of North America you are required to attend a teleconference every two years after your graduation date.
- 1.3** Provide Student with original copies of the materials necessary to complete the Certification Course. This may include video, audio and written materials.

2 Certification Course

- 2.1** Upon successful completion of the following items, Student shall receive a Perfect Health certificate from The Chopra Center for Well Being.
- 2.2** Attendance at the prerequisite six-day seminar, titled Seduction of the Spirit, as a participant, at a location determined by the promoter of the seminar. Attendance must be within three years of registering for the Certification Course.
- 2.3** Attendance at the prerequisite four-day seminar, titled Journey Into Healing, as a participant at a location determined by the promoter of the seminar. Attendance must be within three years of registering for the Certification Course. Non-North American residents may fulfill this requirement by completing the 5-lesson Perfect Health course with a Chopra Center Certified Perfect Health Instructor. Attendance must be within three years of registering for the Certification Course.
- 2.3** Attendance at The Chopra Center's Perfect Health Program* at the La Costa Resort in Carlsbad, California. Enrollment of the Perfect Health Program must at the same time as enrollment for the Perfect Health Certification Course. The Perfect Health Program must be completed within 12 months of the Perfect Health Certification Course. Certificate is given after completion of the Chopra Center's Perfect Health Program. Attendance of the Perfect Health Program must be within three years of registering for the Certification Course.

** Developed by the Chopra Center's co-founders, Deepak Chopra, M.D., and David Simon, M.D., Perfect Health is a holistic healing program that combines a renowned medical staff, the powerful detoxification and cleansing process known as panchakarma, and daily classes in meditation, Ayurveda, and yoga.*

- 2.4 Successful completion of the Part 1 - Home Study course (approximately 90+ hours of study). Home Study will be given after the completion of the prerequisite seminar, Journey Into Healing.
- 2.5 Completion of an at-home, online pre-test completed 30 days prior to the scheduled Certification Course.
- 2.6 Completion of an at-home, closed book online Sanskrit Terminology pre-test completed 20 days prior to the scheduled Certification Course.
- 2.7 Completion of a telephone interview with a Chopra Center staff member prior to the Certification course.
- 2.8 Attendance of the Certification Course Training, Part 2, a seven-day, 60+ hour course, at the facilities of the determined location.
- 2.9 Practicing Primordial Sound Meditation for at least three months prior to beginning of Part 2 the Certification course.
- 2.10 Practicing the Sutra program taught at the Seduction of Spirit seminar for at least two months prior to Part 2, the Certification Course.
- 2.11 Passing of all credentialing examinations during the Certification Course Training Part 2.
- 2.12 Upon certification Student shall be authorized to teach the Perfect Health classes to the general public and Student shall have the right to identify himself or herself as a "Chopra Center Certified Perfect Health Instructor" in any advertising media. However, nothing herein shall be construed to give Student the right to use the term "Perfect Health, The Chopra Center Ayurvedic Lifestyle Program" or any other trademark or trade name used or owned by the Chopra Center in any corporate name, trade name, business name, fictitious name or any other style of business employed by Student.

3. ~~Student agrees to:~~

- 3.1 Pay the Chopra Center the appropriate fees for the prerequisite seminars and any training courses, including advanced programs and continuing education. Complete and return all required paperwork for enrollment. Paperwork includes this signed Agreement form, Application Form, Legal Guidelines Form, Essay and Health Information form.
- 3.2 Hold in confidence all confidential information (oral and written) disclosed to him or her by the Chopra Center for Well Being during the term of this Agreement, including but not limited to marketing information as well as mantra selection information, prices, discount and other business and financial data, regardless of form. Student will use such information or data and disclose it to others only to the minimum extent required in order for the Student to perform his or her obligation under this Agreement or under any applicable law or governmental, arbitral or court decision.
- 3.3 Upon termination of this Agreement, to return all teaching materials and any other property belonging to the Chopra Center for Well Being or its representative within seven days.

3.4 Once certified use marketing materials provided by the Chopra Center according to policies. Sign the Marketing Agreement form provided at Certification course and/or when accessing the marketing materials provided.

4. The Chopra Center Teacher Training Commitment Policy

4.1 Students who register for any of the Chopra Center's Certification Course Training Programs (Primordial Sound Meditation, Perfect Health, Seven Spiritual Laws of Yoga) have 36 hours from the time of The Chopra Center's receipt of required paperwork in order to cancel and receive a full refund. Required paperwork includes the completed application, enrollment agreement, and health information form. After 36 hours from the time of receipt of required paperwork, the following commitment schedule applies:

4.2 After 36 hours from the receipt of required paperwork the paid tuition will become a non-refundable credit that the student can use towards any future Certification Course Training Programs.

4.3 If student decides not to attend a Certification Course Training Program, the complete home study kit must be returned to the Chopra Center. A Chopra Center Program Voucher will be issued minus a \$500 administrative fee.

4.4 Certification will be considered official upon satisfactory completion of the Seduction of Spirit, Journey into Healing, and all required seminars, programs and tests. Students who do not attend the certification week at the Chopra Center within 18 months of enrollment will be removed from the active roster and put into a hold status. To re-enroll, students will be required to re-attend and complete all required components of the certification course.

4.5 Students are allowed one certification date change within 18 months of enrollment. Any additional changes will result in a date-change fee of \$275.

4.6 Confirmation of attendance is required 30 days prior to the scheduled certification week. Any change within 14 days of scheduled certification week will result in a date-change fee of \$275.

4.7 Students who attend the certification week but do not successfully complete all required testing or attendance, will have to attend the next certification week at an additional fee of \$1000.

5. Term of Agreement

5.1 The term of this Agreement shall continue from this date until either the Chopra Center for Well Being or Student terminates it by giving the other a written notice without cause, effective two weeks.

5.2 In addition, The Chopra Center for Well Being shall have the right to terminate this Agreement, effective immediately, by providing written notice to the Student upon the occurrence of any of the following events:

- i.** death or mental incapacity of Student;
- ii.** violation of any of the terms of this Agreement.
- iii.** refusal of admission to Certification Course Trainings or prerequisite seminars.

6. Student's Obligations Upon Termination

6.1 Student shall take the following actions promptly upon termination of this Agreement:

6.2 All printed materials owned by the Chopra Center for Well Being shall be returned.

7. Confidential Information

7.1 Student acknowledges that in the course of this Agreement he will receive and/or generate confidential information. For the purpose of this Agreement, both sides acknowledge that all techniques and knowledge specifically developed by Dr. Deepak Chopra and Dr. David Simon and the Chopra Center for Well Being staff for the Perfect Health Certification Course Training shall be considered confidential. The parties acknowledge that other information that is passed between the parties but which has not been disclosed to the general public shall also be deemed confidential.

7.2 Upon the termination of this Agreement, Student shall surrender any such information it has in any tangible form to the Chopra Center for Well Being.

7.3 Both parties acknowledge that the Chopra Center for Well Being will be irreparably harmed by a breach of this Section 7, and, that because such harm cannot be adequately compensated by monetary damages the most appropriate remedy shall be an injunction or other appropriate equitable relief to enjoin dissemination of confidential information.

8. The Chopra Center for Well Being Trademarks and Trade names

8.1 Except as expressly stated herein, Student shall have no right to use any Chopra Center for Well Being trademark or trade name, including, but not limited to "Perfect Health, The Chopra Center Ayurvedic Lifestyle Program" Both parties acknowledge that Student's breach of this Section 8 will cause irreparable harm to the Chopra Center for Well Being which cannot be adequately compensated by monetary damages and, accordingly, the Chopra Center for Well Being shall be entitled to an injunction or other appropriate equitable relief in order to enforce the provisions of this Section.

9. Unauthorized Representations

9.1 Student shall not act as an agent for the Chopra Center for Well Being or represent The Chopra Center for Well Being in any manner and agrees to indemnify The Chopra Center for Well Being for any claims made against The Chopra Center for Well Being which arise out of any unauthorized representations made by Student.

10. Relationship Between the Parties

10.1 The relationship between The Chopra Center for Well Being and Student during the term of this Agreement shall be one of independent contracting parties.

11. Arbitration and Enforcement

11.1 Every effort will be made by both parties to settle any controversy or claim arising out of or relating to this agreement. However, if this is unavoidable, then it shall be submitted to arbitration before and in accordance with the rules of the American Arbitration Association and judgment upon the award may be entered in any court having jurisdiction thereof. The site of the arbitration proceedings shall be the regional office of the American Arbitration Association, which is located in the Greater San Diego area.

11.2 Notwithstanding the preceding paragraph, nothing herein will limit either party's right to obtain any provisional remedy, including, without limitation, injunctive relief, equitable relief, writs of attachment, trustee process or for recovery of possession, or similar relief from any court of competent jurisdiction.

11.3 The Chopra Center for Well Being and Student consent to the jurisdiction of the courts of the Greater San Diego area in connection with any litigation that may be instituted to enforce this Agreement, including any action instituted to enforce any arbitration award. This clause shall not be deemed to have waived the Agreement to arbitrate contained in Section 11.1.

11.4 In the event it is necessary to institute legal action or an arbitration proceeding to enforce this Agreement, the Student shall be responsible for their own attorneys' and any fees to proceed in court.

11.5 Any questions or problems concerning this school which have not been satisfactorily answered or resolved by the school, should be directed to The California Department of Consumer Affairs Consumer Information Center at: Department of Consumer Affairs Consumer Information Division, 1625 North Market Blvd., Suite N 112 Sacramento, CA 95834, (800) 952-5210.

12. Governing Law

12.1 This Agreement shall be governed by and construed in accordance with the laws of the Greater San Diego area, USA.

13. Limitation of Liability

13.1 The Chopra Center for Well Being's liability, and Student's sole remedy, shall be limited to the return of any monies charged the Student.

14. Notice

14.1 Any notice required hereunder shall be deemed effective if given in writing and sent (a) by registered mail, postage prepaid, or (b) by cable or fax to the other party at the address indicated in the first paragraph of this Agreement, or to such other address as may have been specified by such other party in writing for the receipt of notices directed to it.

15. Severability

15.1 If it is found that any portion or portions of this Agreement violates, or is invalid under, the laws of the United States, any state, local or other legally constituted authority, or any governmental or executive order or regulation, at the option of the Chopra Center for Well Being this Agreement may be terminated forthwith by written notice, or such portion or portions may be declared of no force or effect and this Agreement construed as though such portion or portions had not been inserted herein, and the remaining Agreement shall remain in full force and effect.

16. Entire Agreement

This Agreement constitutes the entire Agreement between the Chopra Center for Well Being, Enterprises, LLC and the Student, superseding any prior agreement. No modifications of the Agreement shall be binding unless in writing and signed by Student and an authorized representative of the Chopra Center.

Once signed and accepted by the Chopra Center for Well Being this Agreement shall be legally binding on both parties. In witness whereof, the parties have executed this Agreement.

My signature below certifies that I have read, understood and agreed to my rights and responsibilities and that the institution’s commitment and refund policies have been clearly explained to me.

Student Printed Name _____ **Date** _____

Student Signature _____ **Date** _____

Student Address _____

Chopra Center for Well Being

Signature _____
2013 Costa del Mar Road, Carlsbad, CA 92009

IMPORTANT LEGAL RESPONSIBILITIES TO KEEP IN MIND WHEN PROVIDING HEALTH EDUCATION

THE HEALTH CARE FIELD IS HIGHLY REGULATED BY BOTH THE FEDERAL AND STATE GOVERNMENTS. ALL PRUDENT HEALTH PRACTITIONERS SHOULD BE FAMILIAR WITH THEIR LEGAL OBLIGATIONS AND MUST BE CAREFUL NOT TO VIOLATE, EITHER INTENTIONALLY OR INADVERTENTLY THE NUMEROUS HEALTH CARE LAWS AND REGULATIONS WHICH GOVERN THEIR ACTIVITIES. THE FOLLOWING IS A DESCRIPTION OF THE BASIC LEGAL RESPONSIBILITIES THAT ALL HEALTH PRACTITIONERS SHOULD KEEP IN MIND WHEN THEY PROVIDE THEIR SERVICES TO THE PUBLIC. IN AN ATTEMPT TO PROVIDE SOME CONTEXT AND MEANING TO THESE LEGAL RESPONSIBILITIES, WE ALSO PROVIDE A BRIEF DESCRIPTION OF THE LEGAL RATIONALES AND POLICIES BEHIND THESE LAWS.

Federal Law Considerations

The protection of the health and safety of people is generally left in the hands of the state governments under a legal principle, which is known as the state 'police power'. As a result, states license certain health professionals, as well as health care facilities, and regulate consumer safety. However, the federal government also has the authority to govern certain activities of health practitioners, including the advertisements and marketing for health related services or products. In particular, the federal government is concerned with preventing false and misleading advertising for health related services or products. Thus, those who engage in health related advertising which claims that a particular service, product, drug, herb, dietary or nutritional supplement, etc. improves, cures, prevents, or helps certain health conditions, must be sure that their claims are truthful and that they can be substantiated in order to avoid charges of making false or deceptive claims.

State Law Consideration

As mentioned above, the states are primarily responsible for ensuring the health and safety of its citizens. States license and regulate many health practitioners directly through laws and indirectly through professional licensing boards. Health care regulations define the scope of a health practitioner's license and the manner in which health practitioners may legally provide their services.

The practitioner with the broadest scope of professional licensure is a medical doctor (allopathic or osteopathic). However, even physicians who have graduated from medical school and who have passed the relevant board exams cannot practice medicine legally in a particular state without first applying for and receiving a medical license in that state. This principle applies not only to physicians, but also to all health practitioners whose training and education qualifies them for professional licensure in a state.

Historically, states have been very concerned with what is commonly referred to as the unauthorized or illegal practice of medicine. Only licensed physicians may practice medicine. All other health practitioners, whether or not licensed in a particular

profession, may not practice medicine. For example, if a health practitioner, such as a licensed naturopath, attempts to diagnose a patient's medical condition and to treat that condition, that practitioner is at grave risk of being found guilty of practicing medicine without an appropriate license. Therefore, every health practitioner should be familiar with his or her state's definition of "*the practice of medicine*" which is often defined by state legislatures in broad fashion. For example, in New York, the practice of medicine is defined as ***'diagnosing, treating, operating, or prescribing for any human disease, pain, injury, deformity or physical condition.'*** Similarly, in California, the relevant law states that:

Any person who practices or attempts to practice, or who advertises or holds himself or herself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having at the time of so doing a valid, unrevoked, or unsuspended certificate..., or without being authorized to perform such act pursuant to a certificate obtained in accordance with some other provision of law, is guilty of a misdemeanor.

As you can see, New York and California, like virtually all other states, take a very restrictive approach to who may legally practice medicine.

Similarly, non-physician health practitioners who are licensed in their state must be careful to provide services that do not exceed the scope of their licensure. Exceeding the scope of licensure may subject the licensed practitioner to discipline or sanctions by their respective state licensing board or to possible criminal charges of practicing medicine without a license. For example, licensed dietitians cannot discuss the positive or negative effects of medications for a physical or psychological condition, although they may, within the scope of their licensure, discuss the need for good nutrition, the benefits of good nutrition on overall health, and the means to achieve a healthy, balanced diet. While it is true that health practitioners who are not licensed by the state cannot be disciplined by a state licensing board, these individuals are nonetheless subject to the criminal laws, which prohibit the unlicensed practice of medicine.

Obviously, many forms of preventative care and nutritional counseling do not require a professional license and do not involve the practice of medicine. Disclaimer forms can be used to educate and sensitize clients to the role of non-physicians in health care. The forms will also help protect you legally from disgruntled or dissatisfied customers or patients. However, even a well-drafted disclaimer form will provide little protection if your actions and other communications to the customer contradict the principles set forth in the disclaimer form. If you are not a licensed physician, make sure your customer understands your role in his or her health care and that you are not treating or diagnosing a medical condition. Do not give specific advice on how to improve a patient's or customer's particular condition unless you are licensed and legally authorized to do so. And finally, make sure you communicate to the patient that your care or advice is not a substitute for that of a licensed physician.

We believe that the guidelines set forth provide valuable information applicable to general situations that a health care practitioner will encounter. The guidelines are not intended to provide guidance to any specific situation you encounter. If you have any questions or concerns regarding what advice or care you can legally provide in your state, we urge you to contact your state licensure board, if you are a licensed practitioner, or your state board of medicine or professional regulation if you are not licensed.

Finally, as an acknowledgment that you have carefully read the guidelines set forth above, and that you believe you understand them, please sign at the signature block we have provided below. Your signature will also indicate your agreement to use your best efforts to follow the general guidelines set forth above.

Signature _____

Print Name _____

Date _____

Health Information Form

1. Please describe the current state of your health:

_____ Poor _____ Average _____ Good _____ Great

2. Are you taking any long-term prescription or over-the-counter medication?

_____ Yes _____ No

If so, please list the medication and reason you are taking it.

3. Please describe any other health or medical condition(s) below:

4. Please ask any questions or voice any concerns that you have about participating in yoga classes:

5. Is there anything else I should know about you or your health:

Name

Date

Street Address

Phone

City, State, Zip Code

E-Mail Address