

Dr. Claudia Welch 2019 Mentorship Program Registration & Consent Form

1. **Verify Prerequisites:** To ensure we all have the same basic language and concepts so we can move forward more smoothly into more specialized information, please confirm you have completed these prerequisites:
 - a. Graduated from an established program in Āyurveda that is at least one year in duration, or equivalent. Such a program should have covered (and you should be comfortable with) Āyurvedic foundational principles including Ayurvedic anatomy & physiology (*subdoṣas, dhātus, malas, upadhātus, srotāṃsi, agni, āma*, etc.) the stages of Āyurvedic nutrition, *saṃprāpti*, etc. Please initial _____
 - b. Have a working knowledge of Western anatomy & physiology (A&P). This can be achieved through Western A&P courses offered as part of a year-long Ayurveda program or through separate courses taken at a community college, university or some other comparable way. You don't need to have mastered this information, but you need to be comfortable with the basics: the basic anatomy of cells, tissues, the skeleton, muscles and nervous tissue, what and where your organs and systems are, and their general functions. Please initial _____
 - c. You should have clinical training and practice in your background and be: comfortable conducting an Ayurvedic assessment of a patient, developing a treatment plan and treating patients within your scope of practice. For example, the Ayurveda program you graduated from should have included training in differentiation of diseases, one-on-one supervision and training in applying theory to live patients, by working with patients and patient intake forms and practice with supervised case studies. You should be comfortable with S.O.A.P. note theory (that stands for "Subjective, Objective, Assessment and Plan" --it is a method of documentation employed by health care providers to write out notes in a patient's chart--if you are not already familiar with each of those four terms in their medical context, please become so before applying to be part of the mentorship), filling out a *rūgna patrakam* [patient intake form, and *Āyurvedic Assessment and Analysis*], and in interacting with patients.
 - i. **Verify Location(s) and Date(s) of Completion:** _____

 - d. Completed either a women's health weekend workshop with Dr. Welch, or her Healthier Hormones online class, even if you are already a health care practitioner. **Completion date (year)** : _____
 - e. Completely read *Balance Your Hormones, Balance Your Life: Achieving Optimal Health and Wellness through Ayurveda, Chinese Medicine, and Western Science* by Dr. Claudia Welch. Please initial _____
 - f. Completely read *The Four Qualities of Effective Physicians: Practical Ayurvedic Wisdom for Modern Physicians* by Dr. Claudia Welch. Please initial _____
2. **Your Contact Information:**
 - a. First Name: _____
 - b. Last Name: _____
 - c. Mailing Address: _____
 - d. Email Address: _____
 - e. What is the best phone # to use if we need to call you: _____
3. **Payment:** We accept payment via credit card (through Paypal), PayPal account, or by personal check in USD. After we receive this completed form and prerequisites have been verified, you will receive registration confirmation and a payment request. After your payment is received, you will be authorized to access preliminary course content and information beginning about a week prior to the orientation session.
 - a. **Mentorship Program** payment in full on or after **01 December, 2018: \$1133** USD via credit card or PayPal, or **\$1100** by check.
 - i. Discounts available for payments received by **30 November, 2018:**
 1. Early Bird discount: **\$1030** USD by credit card or PayPal account, or **\$1000** by check.
 2. Mentorship alumni discount: **\$773** USD by credit card or PayPal account, or **\$750** by check.

- b. If you choose to pay via credit card or PayPal account, please indicate the email address that we should use to send you a payment request. (If it's the same email as above, write "same".) : _____.
- c. If you will mail a check, it must be received by the date listed above to receive any discount. Will you be sending a check? Yes ___ No ___
- d. Payment Plan: If you are unable to pay in full, PayPal does have **6 month no interest financing, for US accounts**. This option will be available based on PayPal's approval of a line of credit for your account.
- e. **Refunds** available if we receive written notification of withdrawal from program via email sent to admin@DrClaudiaWelch.com:
- i. notified by **01 December, 2018**: 100% (minus \$100 USD administration fee)
 - ii. notified by **11 January, 2018**: 50% (minus \$100 USD administration fee)
 - iii. **No refunds after 11 January, 2019.**

4. **We need your username** for your account on www.DrClaudiaWelch.com, so we can give you access to the classroom webpages. Your username for your account on Dr. Claudia welch.com is the name or email address you use to log in to your account. If you don't already have an account, please create one by:
- a. Going to the login page: <https://drclaudiawelch.com/my-account/>
 - b. Under the heading "Register", where it asks for your email address, type in your valid email address.
 - c. You will also need to type in a password that you will use with the account. You can use whatever password you want.
 - d. After entering this information, be sure to click on the button that says "Register".
 - e. Please be sure to save the email address and password you used to Register. You will need this information to login in to the classroom webpages. Your Username is the email you used to register or you can use just the beginning part of your email address up to the "@" sign, i.e. for JaneDoe@gmail.com, the username is either the full email address or simply "JaneDoe". Please note, you can always change the information on your account, including your password. However, the username can not be changed, even if your valid email address changes at a later date.
 - f. Please let us know your username: _____
5. **You are invited to share a photo of yourself and your contact information with your Mentorship group.** We find that it helps connect with each other when we have a photo to go with the voice. Sharing your contact information with the group also allows participants to connect and form community within the program and beyond. In previous years, participants sent in photos of just themselves, or with a dear family member, or with their favorite pet. It doesn't have to be fancy. It can just be a selfie in the moment. The photo will likely be cropped to a head shot to fit all the photos into one document, and then be uploaded as a pdf file to the classroom webpage for participants to download.
- a. Would you like to share your Photo with your group? Yes ___ No ___. If yes, kindly attach or include it with your registration.
 - b. Would you like to share your contact information with your group? Yes ___ No ___. If yes, please identify an email and/or phone number you would like to share: _____
 - c. **Note:** *the contact information of other participants is only for your personal use. It is unlawful to add an email address to a mailing list or sell email information without consent.*

6. Program Terms of Agreement and Consent:

- a. I understand that Dr. Claudia Welch and all support staff employed by Dr. Welch (hereafter referred to simply as Program Team) are involved in instructing or supporting me in my understanding of Ayurveda.
- b. The nature of this program is purely educational and is not meant to diagnose or treat a medical condition for me, or for any individuals that may be discussed. I understand that I am responsible for my own healing, health, and well-being, and for any diagnoses, or advice I may offer to my clients or patients.
- c. Dr. Welch and the Program Team are not responsible for knowing or being aware of my credentials, scope of practice or legal status. Nor are they liable for any direct or indirect information or advice given to me for my personal use or for use with any patient or client that I might meet with.
- d. I certify that I am not seeking the counsel of Dr. Welch and the Program Team to treat a physical infirmity or chronic ailment or injury, nor am I using any advice from same to diagnose or treat disease in others. I am consulting with Dr. Welch and the Program Team to better educate myself.
- e. I fully understand that this program will be audio recorded for class reference and educational programs. Effort will be made to remove names and personal information for using recordings outside of the program.
- f. All sessions will be recorded, unless specifically stated otherwise. I understand that my voice will be recorded, and I authorize it's recording during sessions while asking questions or providing comments.
- g. I authorize the use of the recording of my voice and its likeness for educational purposes by Dr. Claudia Welch without remuneration or notification of its use.
- h. I understand there is no personal recording of this program allowed. Audio recordings of all sessions will be posted on the website and continue to be accessible for six months after program concludes.

7. Clinical Discussions:

- a. I understand that this program cannot provide sufficient information for Dr. Welch to make any formal or personal diagnosis, or recommendation about any individual or disorder, and any recommendations, information, opinions, endorsements, treatment suggestions or diagnoses Dr. Welch or the Program Team provide are intended as educational material only.
- b. Dr. Welch and the Program Team only discuss individual cases as examples for educational purposes only and not intended as treatment recommendations for any individual, including myself.
- c. I will not submit case studies that are based on myself, my family or friends.
- d. I understand that any actions or clinical decisions I make, whether as a result of these discussions or not, are fully my responsibility, and are not recommended or endorsed by Dr. Welch.
- e. I agree and consent to have any and all input I provide during these program sessions (questions, case studies, or other) be used without limitation or restraint as to medium (text or audio) and without remuneration or notification of its use.

8. Confidentiality: If I present any case studies in this program, or share in this program any information relative to an encounter I had with a client or patient, I agree that:

- a. I take full and sole responsibility to protect the privacy of all individuals that I bring up during any program discussion (written or verbal). ***I will not mention the client or patient's name, initials, address, date of birth, or any other information that could lead a listener to discover the individuals identity.***
- b. I will alter all information that might be used to identify the client or patient, to the extent that, should the individual being discussed be listening in on the conversation, that individual would not realize that it was he or she being discussed. If necessary, I may choose to change key pieces of information to protect confidentiality, yet still allow my educational questions to be addressed.

I have read, understand, and I agree to the terms and conditions stated above. I hereby waive, release and discharge Dr. Welch and the Program Team from all actions, claims or demands that I, my heirs, guardians, legal representatives or assigns, have or may hereafter have, for injury or damages resulting from negligence or other acts, howsoever caused in connection with my education in this program.

Participant's Signature: _____ **Date:** _____

Please Print Name Clearly: _____