



{Application for the Whole Health Medicine Institute Physician Training with Dr. Lissa Rankin & Faculty}

Dear Visionary Physician,

Thank you so much for requesting this application. We're so honored you're even considering participating in the Whole Health Medicine Institute Physician Training Class of 2014.

We know you're busy, but please take the time to complete this application thoughtfully. We only have space for 20 physicians in this round of training, and we want to make sure this is the right fit—for you, and for us. Applications are reviewed on a first-come, first-served basis. Once you've submitted it, our team will be reviewing your application, and qualified applicants will be invited for a screening interview with Dr. Lissa Rankin and Anne Davin, PhD. The interview will be your opportunity to ask any questions about the process. It will also be Lissa's opportunity to make sure she feels like the Whole Health Medicine Institute will be the best fit for you, given your personal goals, dreams, and mission.

So, please be completely honest and authentic with your answers. Your application is 100% confidential.

What kinds of answers qualify someone for this process? Don't worry! This is not a medical school application. There are honestly no right or wrong answers. Primarily, these questions are to ensure that we believe we can be of great service to you, that you're seriously committed to the training you're considering undergoing, that we're well suited to meet your needs, and that the financial obligation required for this kind of intensive training will not break your bank.

We're particularly looking for those physicians who are interested in helping heal our broken health care system and being part of the change. We're also looking for physicians who are curious about mind-body medicine and are in alignment with (or at least open to) the teaching philosophies of the Whole Health Medicine Institute faculty.

We promise you will not be graded on the quality or clarity of your vision. And for God's sake, don't worry about grammar or spelling. It's just fine if you know in your heart you're meant to do big work in the world, but you're not quite sure how you

will best use your medical training in service to the world. Just be honest and tell us your truth. Don't think too hard about these answers. Just write what comes to you and know that your answers are perfect, you won't be graded, and if you have a strong desire to participate in this program, we trust it will come through on these pages.

Once you've completed all pages please email them to pearl@lissarankin.com.

With faith in your journey,

A handwritten signature in black ink that reads "Lissa Rankin". The signature is written in a cursive, flowing style.

Lissa Rankin, MD & the Whole Health Medicine Institute team



{about you}

Please Be Honest and Authentic With Your Answers —

Name:

Address:

Date of Birth:

City:

State:

Zip:

Home Phone:

Cell Phone:

Office Phone:

Fax:

Email:

Medical license #:

State in which you're licensed:

Website(s):

{about your vision & your life}

**What inspired you to apply for the Whole Health Medicine Institute Physician Training?
(The more specific you are about what you hope to get from our nine months together, the more we can determine whether what we have to offer will help you achieve your personal and professional goals. NOTE: It's totally acceptable if your motivation is more personal than professional.)**

Why do you consider yourself a visionary physician?

Write your current bio.

Write the bio you intend to be true one day.

{about your vision & your life}

How do you envision that this training will strengthen your professional or personal life?

Why did you become a doctor?

How would you heal health care if you had a magic wand?

Do you feel that your current job is aligned with what inspired you to become a physician in the first place? If not, what might make you feel more happy and fulfilled in your professional life?

What professional aspirations have you yet to realize?

{about your vision & your life}

What struggles do you face in your professional life?

Do you feel you've suffered any traumas at the hands of the medical profession? Have you ever experienced PTSD-like symptoms as a result of your training or your job?

Do you identify with the "wounded healer" archetype? If so, why?

Do you consider yourself open to alternative approaches to healing you weren't taught in medical school?

If you complete this program, are you interested in becoming a certified Whole Health Medicine Institute physician? (You will not have to make this decision until later, and this does not obligate you in any way to undergoing certification.)

{about your vision & your life}

Are you worried about anything that might keep you from being 100% successful in this program? This could be your job, family obligations, a personal health challenge, etc.

On a scale of 1-10, please rate the following questions (1 being “not at all”, 5 being “somewhat” and 10 being “yes!”):

How willing and committed are you to this program, doing whatever it takes, and being in integrity with the commitments of the program?

If you are accepted as one of the 20 physicians in this program, will you be able to commit to the cost of the program without undue stress? (Remember, your application does not commit you in any way to the program.)

If you could change 3 things about your life, what would those 3 things be?

{physical health}

We've learned that professional health is intimately tied up in the health of the rest of who you are as a whole human being. So please humor us and fill us in about who you are, not just professionally, but personally. Again, we promise to keep everything confidential.

Do you have any medical conditions you are currently dealing with?

{mental health}

Do you have any mental health issues? (depression, anxiety disorder, bipolar disorder, eating disorder, suicide attempt, etc)

What do you do for self care?

{relationships}

Do you have children? If so, how many?

What is your marital history? Are you married/ divorced/ committed but not married/ single? If you are in a romantic relationship, do you feel happy and connected in your relationship? If not, why not?

Do you have a good support network?

Are you close with your family of origin? If not, why not?

Have you ever been in an abusive relationship or been a victim of rape, molestation, or incest?

{creativity}

Do you express yourself creatively? If so, how?

{spirituality}

Do you nurture your spiritual side (through interacting with a spiritual community, prayer, meditation, etc)? If so, how?

Do you believe in a higher power? If so, what do you call that higher power?

{sexuality}

Are you in a sexual relationship with another person?

If you are in a sexual relationship, does your relationship satisfy you sexually?

{financial health}

Do you feel financially secure?

{your authentic self}

Is anything keeping you from being the most authentic, vital YOU? If so, what is holding you back?

Is there anything missing from your life?

What do you celebrate about yourself?

Why is it important for you to be accepted into this program? What is at stake for you?

One of the prerequisites of this program is that you must commit to working with a therapist or life coach during this program for a minimum of 9 sessions. The cost of these sessions is not included as part of this program. Are you willing to invest the time and expense it will require to meet this prerequisite?

Is there anything else you'd like us to know when we're considering your application?

{signature form}

Must be signed in order to be considered for
the Whole Health Medicine Institute

I, _____, have read the Whole Health Medicine Institute Physician Training program invitation and would like to be considered for acceptance as one of the Whole Health Medicine Institute Physician Training students for the next 9 months.

At this point in time, I understand I am showing interest only in this program and am under no obligation to participate in this program.

I further understand that if I'm accepted into this program, after submitting a signed contract (supplied upon acceptance), I am committed to the program for its 9 month duration. I agree, at that time, to honor my fee payment schedule and show up fully and powerfully in my life and in my professional life.

Print Name _____

Signature _____

Date _____

Please SIGN, SCAN and EMAIL this page with your completed application to pearl@lissarankin.com.

{gratitude}

Thank you for your honesty and authenticity in completing this application. You have taken a big step forward in your commitment to fulfilling your soul's purpose by stepping into your visionary physician life. We're excited to review your application and potentially schedule a private interview to complete the application process. If you're accepted into this program, we know this will be an amazing process for you!

THANK YOU!

Remember, applicants will be considered on a first come, first served basis, and once the 20 spots are filled, we will close enrollment, so if this is a priority for you, make sure you get your application at the top of the pile.