



Application Form

Today's Date: _____

Name: _____

Phone: _____ Fax _____

Cell Phone: _____

Website: _____

Email: _____

Company Name: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Country: _____

Assistant Name: _____

Assistant Phone: _____ Assistant Email: _____

Please Tell Us About Yourself

1. Describe your health business (or other business) as it is right now.

2. What are you currently doing to market your business?

3. Briefly describe why you are a good candidate for Pam's Live Disease Free Health Coaching Certification Program and what you feel you will bring to the group?

4. What is the greatest outcome you would like to see from joining this certification program?

5. If you could wave a magic wand and change three things in your business or life over the next 6 months, what would they be?

6. What were your three biggest accomplishments in the last two years?

7. Who are or have been your major role models?

8. What are your long-term visions for your company and for yourself?

9. Who or what are your biggest obstacles in reaching your current goals?

10. Who or what do you think is responsible for your current results?

11. What new or expanded health products/services would you like to introduce in the next 12 months to help you reach your goals?

12. Anything else you would like to share with Pam as she is considers you for this program?

13. What were your approximate gross business revenues for each of the indicated years?

(Please note that your answers are completely CONFIDENTIAL)

2015 (forecasted) _____

2014 _____

2013 _____

14. If you have an email list or social media presence:

How many are on your own list? _____

How many Facebook followers? _____

Twitter Followers? _____

Other: _____

(Don't worry, having a following is not necessary for success in this program)

15. Please list your website, if you have one, and any other sites on which you have a presence.
(Having a website is not required for success in this program).
