******COURSE CREATION PROGRAM WORKSHEET/QUESTIONNAIRE**

**3524 Del Mar Heights Rd.**

 **#1882**

**San Diego, CA 92130**

**www.DoctorEast.com**

**CONFIDENTIAL**

|  |  |
| --- | --- |
| **Client Name(s)** | **Date** |
| **Mailing Address** |
| **City** | **State** | **Zip** |
| **E-mail Address** | **Cell Phone** |
| **How did you hear about my services?** |
| **What are three course ideas or topics that you would like to share with others?****1.****2.****3.** |
| **Do you want to teach live, recorded or both type of courses?**  |

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| --- |
| **What is your website address:**  |
| **How long have you been in practice/business?**  |
| **Practice/Business Name(s):** |
| **Practice/Business Location(s):** |
| **What did you do before your private practice/Chinese Medicine/Alternative Medicine?** |
| **If you have an outline for your course(s)please send that in with this worksheet or enter it here:** |
| **Why are you so passionate about these topics and/or courses?** |
| **Have you taught these classes before? If so, how/when/to whom?** |

**Terms and Conditions:**

Unless otherwise agreed upon, the investment for the Course Creation Program is $1,500 and will include all the support you need to complete your course in the time that we work together.

**Agreement:**

It is understood that the advice or suggestions provided in our sessions together do not, at any time, replace necessary, appropriate or applicable legal advice. I, the undersigned, agree to the terms set forth herein.

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Client’s Signature Date