



## 2017 Moving For Life Certified Instructor (MFLCI) Training Program Application to become a Moving For Life Cancer Exercise Specialist

**APPLICATION DEADLINE: MAY 15, 2017**

Return to: [info@movingforlife.org](mailto:info@movingforlife.org) or  
Moving For Life, 515 Canal St., Unit 1C, New York, NY 10013

Note: If qualified, you will receive a letter of acceptance with a  
tuition contract. A maximum of 18 students will be accepted.

**1. Today's Date:**

**2. Contact Information:**

First Name:

Last Name:

Address:

City:

State:

Zip:

Phone(s):

Email:

**3. What motivates you to be involved with the Moving For Life program? Please list two or three reasons you would like to pursue a MFLCI certification.**

**4. Do you have a background in health, fitness, or movement?**

Please list:

a. Certifications

b. Courses or Teacher Names

**5. What experience do you have with cancer, movement limitations or chronic illness?**

**6. Do you have prior experience teaching or leading groups?**

a. If so, please describe (students, content, context)

b. Describe any movement experience

7. **Is there anyone who you can practice teaching MFL with in your local region?**
  - a. Are there other potential teachers to create a cohort group to practice and team up with?
  - b. What amount of study have you done with Martha Eddy, Director, or an MFL Certified Instructor?
  
8. **Do you have ideas about what facilities within your community would be good sites for MFL once you are an MFICI?**
  
9. **What resources do you have or do you expect to need to support you in getting classes started in your community?**
  
10. **Have you already studied or can you find local courses in any of the following:**  
(fill in name of teacher or school and number of hours for all that apply):  
  
**Anatomy:**  
  
**Bartenieff Fundamentals of Body Movement / Movement Efficiency & Expression:**  
  
**Body-Mind Centering / Embodied Anatomy & Physiology:**  
  
**Laban Movement Analysis / Movement Observation:**  
  
**Developmental Movement:**  
  
**Other somatic movement training:**  
  
**Other relevant studies:** (List location, date, instructor's name, number of hours)
  
11. **Please add anything else you would like to share (attach resume, etc).**