



# BECOMING AN AWC PRACTITIONER

## Requirements to Become an Ancient Women's Collective (AWC) Practitioner

To qualify as an AWC Practitioner, you must complete the following requirements:

### 1. Training and Casework:

- o Successfully complete Levels 1, 2, and 3 of the AWC training program.
- o Work on a minimum of **30 cases** under the supervision of a **Qualified Practitioner**.

### 2. Workshop Attendance:

- o Attend at least **one in-person workshop** every **two years**.
- o Participate in at least **three online workshops** annually.
- o Attend **two Q&A workshops** each year.

### 3. Membership and Approval:

- o Become and remain a **member** of the AWC while practicing.
- o Obtain approval from a **Qualified Practitioner** appointed to you.

### 4. Insurance and Certification:

- o Obtain **professional insurance** for your practice.
- o Complete **Touch for Health Level 1**.
- o Hold a valid **First Aid Certificate**.

### 5. Agreements and Reading Materials:

- o Sign the **AWC Practitioner License Agreement**.
- o Read "**The Body Doesn't Lie**" and "**Life Energy**" by **John Diamond**.

### 6. Additional Educational Requirements:

- o Attend an **Educator Workshop**.
- o Hold a **Certificate in Anatomy and Physiology** from an **accredited tertiary institution**. Recommended include:
  - **Health and Harmony College (QLD)** online course: [Health and Harmony](#)
  - **La Trobe University** online course: [Bridging Course in Physiology and Anatomy](#)

**Qualification Process:** Once all requirements are completed, your **mentor** will notify **AWC Administration** to process your **certification**.

## AWC PRACTITIONER APPLICATION

Name.....

Address.....

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Email.....

Website.....

Phone.....

Year completed Level 1.....Level 2.....Level 3.....

Trained with .....

Other Modalities.....

☐ Your Insurance Company.....  
(please supply copy of current insurance with this application)

☐ Date of current First Aid

☐ Certificate.....

☐ I wish to participate in the AWC Practitioner Program.

I agree not to share any information given to me through this training.

I agree not to share any forms given to me through this training.

I agree to follow the instructions given to me regarding any training and  
not share this with anyone

Full Name.....Signature.....

Date.....