

## APPLICATION FOR MOLD TRAINING AND CERTIFICATION

For Study Mold at Home, fill out this application and mail it to the address below with payment, or if paying by credit card over the phone, you can fax this application to (435) 656-8939. If paying by check please make checks payable to:

Millennial Health Services  
c/o Paul Brennan  
150 E. 300 N.  
Ivins, Utah 84738  
U.S.A.

Full name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone(\_\_\_\_\_) \_\_\_\_\_ Evening Phone(\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax(\_\_\_\_\_) \_\_\_\_\_

If you have completed any post-high school college, trade, or technical education programs of any kind, please provide the details including school name, location, year of graduation or completion of course, subjects studied, and any other helpful information. Attach extra sheets of paper if needed.

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Please describe in detail all of your business/work/career experiences that you believe would be helpful to your successful career as a Certified Mold Testing Specialist, or Certified Mold Remediation Specialist. Please include details such as skills learned, employer names and addresses, and from when to when. Attach extra sheets of paper if needed.

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Please provide the names, nature of relationship [how you know each person], company [if relevant], complete mailing address, and current phone number of at least three persons who personally know your work abilities and/or general character. Your most ideal references would be your business/professional clients or coworkers. Please do NOT submit references who are your relatives or employees. Attach extra sheets of paper if needed.

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If accepted by Millennial Health Services, I and the organization that I represent will always follow the Code of Ethics of MHS.

I enclose \$995.00 as payment for tuition and annual membership dues. Please send my home study packet for mold training and certification.

I certify that the above information is totally true and complete. I authorize my references to provide complete information about myself to Millennial Health Services.

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My signature

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Date