

# 道 zen wellness®



Certified Instructor Training  
Program Application  
The Zen Wellness Centers  
[www.zenwellness.com](http://www.zenwellness.com)

Admissions  
(623) 341-3173  
[info@zenwellness.com](mailto:info@zenwellness.com)

# Zen Wellness®

## Medical Qigong Certification Level 1 – 200 hours

This program is designed to meet & exceed the requirements for certification by the National Qigong Association (NQA) as a Level 1 QiGong Instructor.  
(200 hours of documented formal training)



### Course Syllabus - Zen Wellness 101

#### 1. The Golden Chi Ball

- a. Yin-Yang theory
- b. Creating the brass basin
- c. Finding the three hearts
- d. Opening the small circuit
- e. Leading the golden chi ball

#### 2. Zen Wellness Five Element Medical Chi Gong

- a. Five element theory
- b. Using the Zen Wellness elemental healing sounds
- c. Zen Wellness five animal chi gong
- d. Zen Wellness five elemental standing chi gong
- e. The three treasures of the Tao. Jing-chi-shen

#### 3. Zen Wellness Nine Gates Medical Chi Gong

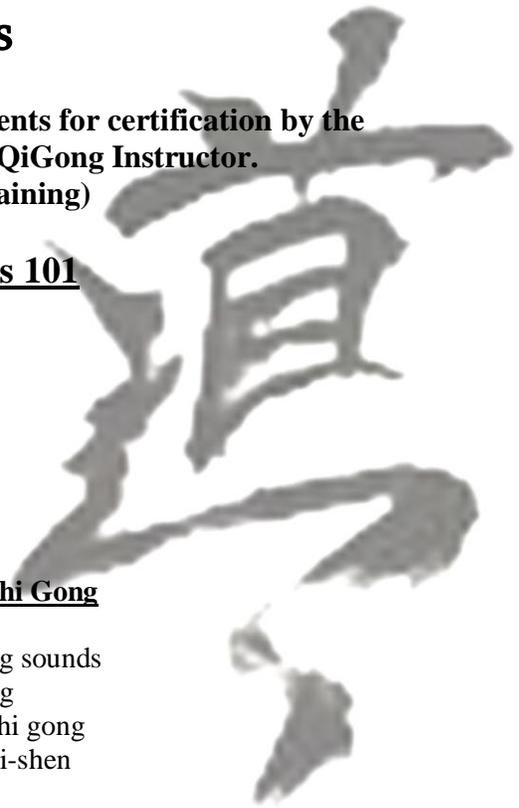
- a. What are the nine gates?
- b. Introduction to the twelve meridians
- c. Three hearts and nine gates medical chi gong. (muscle tendon changing)
- d. Three hearts and nine gates acute medical chi gong. (sitting practice)
- e. Man, heaven and earth meridian breathing

#### 4. Zen Wellness Eight Vessels Medical Chi Gong

- a. Introduction to the eight vessels
- b. Opening the eight vessels chi gong
- c. Filling the eight vessels chi gong
- d. Introduction to the eight trigrams
- e. The seven dimensions of consciousness

#### 5. Zen Wellness Bone Marrow Nei Gong

- a. What is bone marrow nei gong?
- b. Iron shirt chi gong
- c. Introduction to Ching Chi nei gong
- d. Bone marrow breathing nei gong
- e. Bone tapping nei gong



# Zen Wellness®

## Level 1 – 200 hour

### Certified Instructors Training Correspondence Course Outline

Become a certified Zen Wellness Instructor. This is a combination of live trainings and correspondence to earn your 200-hour Medical Qigong Instructors Certification. You begin by reviewing the correspondence kit and web teachings. We will meet at one of our trainings, usually a Chi Fit seminar followed by 3 days of Medical Qigong

You will then come back for a 7-day intensive to refine your skill and test (if applicable)

#### 200-Hour Breakdown:

Curriculum Comprehensive - 75 hours

#### The Mechanics of Mind and Body - 50 hours

Includes the study of QiGong as it applies to the human physical anatomy and physiology. (Body systems, joints and organs, etc. and energy anatomy and physiology (charkas, energy meridians, etc.) Includes both the study of the subject and application of its principles as it applies to yoga, Tai Chi and Martial Arts.

#### The Science of Teaching - 50 hours

Includes training on how to teach private and group lessons in a safe and professional manner to a wide variety of age groups and abilities and how to set up your teaching business.

#### Practicum - 25 hours

Includes documented practice teaching, receiving feedback, observing others teaching and hearing and giving feedback. Also includes assisting a certified instructor during classes.

Correspondence 200-Hour Certification Tuition is \$3860\*

Tuition includes:

- Secrets of Living Young Correspondence workbook and 7 DVD set and log book (\$397 value)
- 12 months of Zen Wellness Membership Site access (\$1,188 value)
- 2 Day Zen Business Bootcamp Seminar (\$697 value)
- Chi Fit Seminar (you will attend this training 2 times, the 2nd one you will test for your certification - \$994 value)
- (2) three-day 200-hour only trainings (usually held at our beautiful retreat center in AZ or in Kauai, HI) (\$2,000 value)

Questions? Call 623-341-3173 or e-mail [info@zenwellness.com](mailto:info@zenwellness.com)

\*Correspondence tuition does not include training at a local Zen Wellness studio.

The tuition to take all 200-hours at a Zen Wellness facility is \$5,000

# Zen Wellness®

## Medical QiGong Director Level 2 – 500 hours

### Includes:

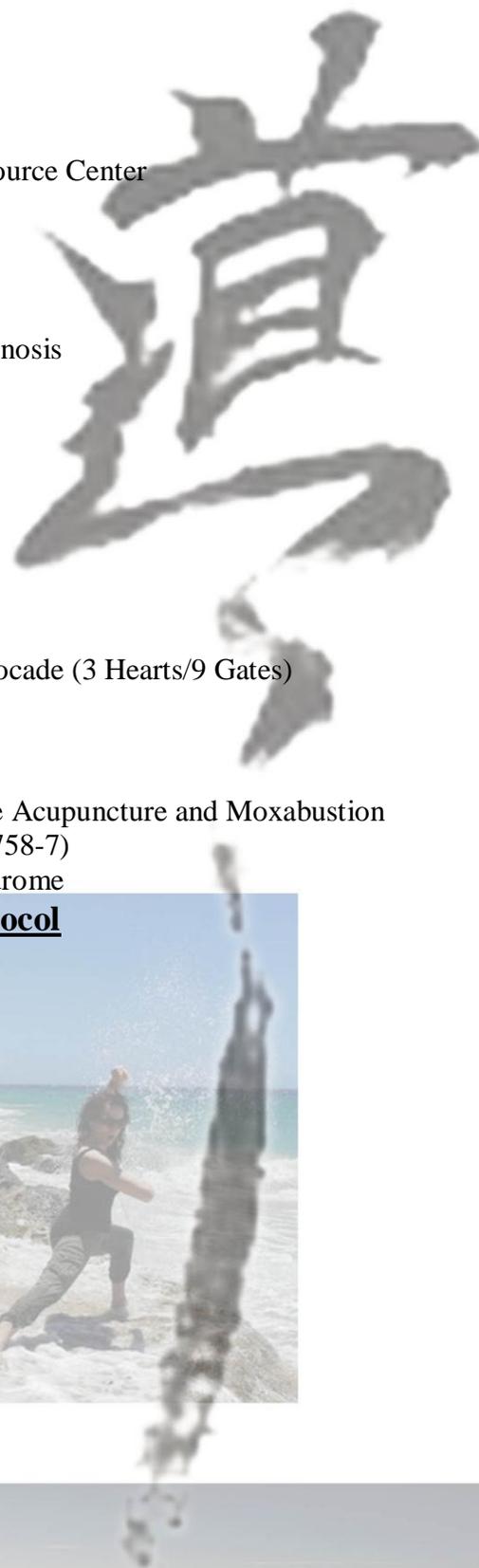
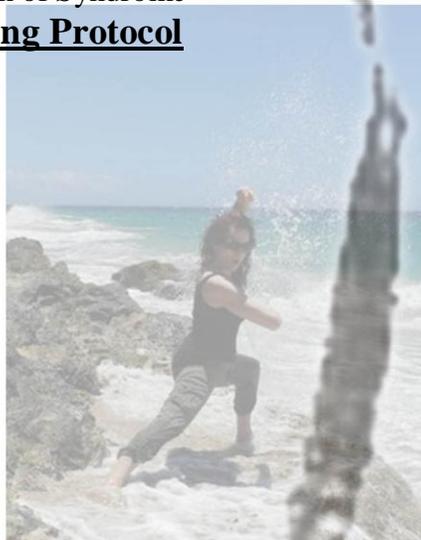
- Ongoing Monthly Medical Qigong Training Calls
- Zen Wellness Medical Qigong / Science of Teaching Resource Center

### TOPICS :

5 Element Regulation Protocol  
5 Visualization Meditation  
Differentiation of Syndrome and Diagnosis  
Point Allocation  
64 Trigrams  
Teaching Advanced Programs  
Sitting, Stand, Move  
Shen, Chi, Jing

### 300 Hours:

- 50 Hours Teaching
  - Wood – 8 pieces of Brocade (3 Hearts/9 Gates)
  - Metal
  - Earth
  - Standing 5 Elements
- 50 Hours Self Study – Chinese Acupuncture and Moxabustion
  - (ISBN #978-7-119-01758-7)
  - Differentiation of Syndrome
- **50 Contact Hours – 5 Element Regulating Protocol**
  - 5 Visualization Meditation
  - Point Allocation
  - 8 Vessels
- **Mid -term exam**
- 50 Hours Teaching – Fire - 8 Vessels
  - Regulating Protocol
  - 5 Visual Meditations
- 50 Hours Self Study – 64 trigrams
  - Diagnostic Methods
- **50 Contact Hours – Protocols**
  - 64 Trigrams
  - Differentiation of Syndrome
  - Diagnostic methods
- **Final Exam**



# Zen Wellness®

## Master's Apprentice

1000 hours

1000 Direct Contact Hours with a Master Teacher

Duration: 4-8 years

Application by invitation only from a Master Teacher.

### Master's Apprentice Curriculum

#### ***Southern Boxing-Nan Chuan***

##### ***Hung Family-Shaolin***

*5 Animal Fist Combination*

*Poison Hands, Iron Body*

*Leopard*

*Snake*

*Tiger*

*Crane*

*Dragon*

*108 5 Animal Fist*

*Fu Jow Pai (Black Tiger Claw)*

*Flying Dragon/Clawing Tiger*

*18 Seizing Hands*

#### ***Northern Long Fist-Chang Chuan***

##### ***Shaolin-Jing Wu-Wushu***

*5 Gates*

*Long Fist 1-Cannon Fist*

*Long Fist 2-Raining Fist*

*Long Fist 3-Trapping Fist*

*Long Fist 4-13 Tripping Methods*

*Long Fist 5-Chin Na/Locking Fist*

*Long Fist 6-Di Tang/Ground Work*

*Long Fist 7-Crossing Fist*

*Long Fist 8-Attack & Evade*

*Long Fist 9-Plum Flower Fist*

*Long Fist 10-Flying Kicks*

*108 Long Fist 1-10*

*Eagle Claw*

*Northern Preying Mantis*

*Iron Monkey*

*8 Drunken Immortals Boxing*

*Kuei Ding*

*Pao I*

*Ren Wu Zhang*

*9 Hearts, 3 Gates Qigong*

*8 Vessels Qigong*

*6 Healing Sounds*

*Golden Chi Ball Qigong*

*Bone Marrow Washing Qigong*

*1<sup>st</sup> Short Form-Soft*

*2<sup>nd</sup> Hard Whipping Form*

*3<sup>rd</sup> Soft & Hard Form*

*Combined 108 Yang Style Taijichuan*

*108 Chen Style (Lao Jia)*

***Wing Chun/Buddha Palm***

*116 Wooden Man Form*

***Zen Yoga, Zen Yoga CIT***

***Medical Qigong CIT***

***I Ching***

***Taoist Tantra***

***Bagua-Taoist & Circular Palms***

*Turning Spinning Qigong*

*8 Animal Sun Style*

*9 Pillars Stepping Form*

*Chen Style 8 Palms*

*Emei Dragon Shape Bagua*

*Emei Swimming Dragon Bagua*

*I Ching Bagua*

***Xing Yi Chuan***

*Sun Style 5 Element Xing Yi*

*Xing Yi Dragon, Xing Yi Tiger*

*Xing Yi Monkey, Xing Yi Horse*

*Xing Yi Water Lizard, Xing Yi*

*Chicken*

*Xing Yi Sparrow, Xing Yi Swallow*

*Xing Yi Snake, Xing Yi Thai Bird*

*Xing Yi Bear & Eagle*

*108 Sun Style Xing Yi Chuan*

#### ***Chinese Weapons***

*Wind Staff*

*Wind Demon Staff*

*12 Winds Staff*

*Honan Fighting Staff*

*5<sup>th</sup> Brother Fighting Staff*

*32 Spear*

*Tiger Tornado Broadsword*

*Broadsword & Shield*

*Double Broadsword*

*Broadsword & Chain Whip*

*32 Shaolin Sword*

*Lin Wu Jien*

*San Cai Jien Fighting Sword*

*Wu Tang Tai Chi Sword/Fan*

*8 Immortal Sword*

*Tong Family Sword*

*Double Straight Sword*

*Kwan Dao*

*Tiger Fork*

*Monk Spade*

*Wooden Bench*

*Dragon Fan*

*Tiger Twin Hook Swords*

*Double Melon Hammers/ Double Axes*

*Chain Whip*

*Rope Dart*

*3 Sectional Staff*

*Deer Horn Knives*

*Double Daggers*

***Zen Business Bootcamp***

***International Training***

***Advanced Inner Alchemy***

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Admissions 623.341.3173

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# Zen Wellness Medical Qigong 200-Hour Correspondence Teacher Training Application

Please fill out completely and e-mail to [info@zenwellness.com](mailto:info@zenwellness.com) or fax to 206-338-3115.

Date:

Name:

Address:

Phone:

E-mail:

Eastern health arts experience:

Why do you want to learn to teach Zen Wellness Medical Qigong?

What do you plan to do with your teacher's certification?

Are you interested in teaching Zen Wellness part time/full time? Are you interested in owning a Zen Wellness Center? Please explain.

Briefly write your long-term vision with your practice and teaching.

Example: I make a living teaching Zen Wellness in my school (or on-location teaching.) I live the Zen Wellness life style and have physical vitality, focus, peace-of-mind, and abundance. Or: I apply the Zen Wellness life style with my family and friends – occasionally teaching when the opportunity arises. Etc.

Zen Wellness		<b>NEW STUDENT PERSONAL ANALYSIS</b>		Studio Location:		
G E N E R A L I N F O R M A T I O N	Physician Referral? Yes/No	Physicians Name (if referred):			Date:	
	Member Referral? Yes/No	Members Name:		How did you hear of ZW? (If not referred)		
	Name:			Birth Date: ___ / ___ /		Age:
	Age:			___		Age:
	Address:					
	City:		State:	Zip:	Home Phone:	
	Cell Phone:			Email:		
	Emergency Contact Name:				Phone:	
	Relationship:					
	<p><i>All Zen Wellness / Zen Yoga / Martial Arts activities present a risk of injury to participants. I understand and accept that there is a risk of personal injury in this activity and I voluntarily assume that risk. I hereby release Zen Wellness, Zen Yoga and United Martial Arts and each corporate entity doing business under that name and other names and their respective officers, employees and agents, from any liability arising out of personal injury sustained by me while participating in this program. I understand that I will be asked to execute techniques that may involve strenuous physical activity and exertion on my part. I represent that I am not subject to any medical restrictions or condition which would render such activity unreasonably dangerous to my health and I hereby accept full responsibility for any injury that I may sustain.</i></p>					
Authorization:				Date:		

Please e-mail to [info@zenwellness.com](mailto:info@zenwellness.com) or fax to 206-338-3115

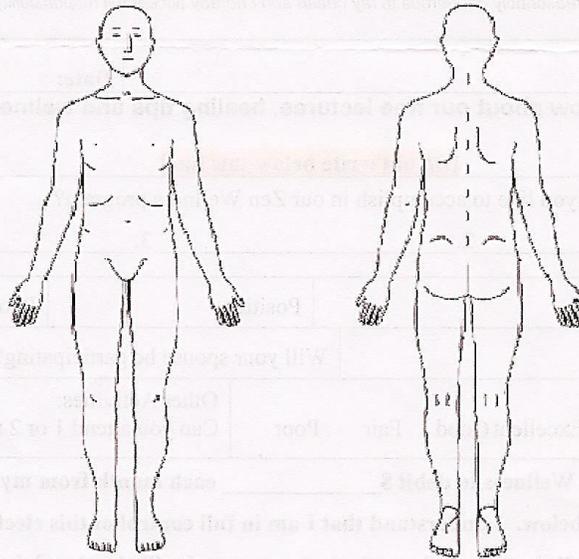
Namaste!

Health History Questionnaire: Name \_\_\_\_\_

DO you NOW have or have you EVER HAD:

- |                                       |  |  |   |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> arthritis    | <input type="checkbox"/> nervous tension | <input type="checkbox"/> blood clots           | <input type="checkbox"/> joint swelling   |
| <input type="checkbox"/> cancer       | <input type="checkbox"/> neck, spine     | <input type="checkbox"/> blood thinner         | <input type="checkbox"/> present injuries |
| <input type="checkbox"/> diabetes     | <input type="checkbox"/> injuries        | <input type="checkbox"/> whiplash              | <input type="checkbox"/> allergies        |
| <input type="checkbox"/> joint        | <input type="checkbox"/> decreased range | <input type="checkbox"/> asthma                | <input type="checkbox"/> incontinence     |
| replacements                          | of motion                                | <input type="checkbox"/> epilepsy/<br>seizures | <input type="checkbox"/> other _____      |
| ; pins, wires                         | <input type="checkbox"/> fusions         | <input type="checkbox"/> tuberculosis          | _____                                     |
| <input type="checkbox"/> stroke       | <input type="checkbox"/> depression      | <input type="checkbox"/> hepatitis             | _____                                     |
| <input type="checkbox"/> osteoporosis | <input type="checkbox"/> disk problems   | <input type="checkbox"/> easily bruised        |   |
| <input type="checkbox"/> high blood   | <input type="checkbox"/> back pain       | <input type="checkbox"/> broken bones          | <input type="checkbox"/> smoke/(ed)       |
| pressure                              | <input type="checkbox"/> joint ache      | <input type="checkbox"/> surgery, describe     | How long? _____                           |
| <input type="checkbox"/> heart attack | <input type="checkbox"/> numbness        | _____  |   |
| <input type="checkbox"/> accident,    | <input type="checkbox"/> varicose veins  | _____  |   |
| describe                              | <input type="checkbox"/> spider veins    | _____  |   |

Mark on the drawing where you feel pain or have limitations



I have read the above information and have stated all my previous and current known medical conditions. I take it upon myself to update my instructor regarding any changes in my condition.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_