

Cosmic Cleansing Instructor Training Evaluation

Name:

Date of Birth:

Sex: M/F

Address:

Email:

City:

State:

Zip:

Country:

For Office Use Only: Cosmic Cleansing Evaluation Results

Grading	Excellent 90-100	Good 75-90	Fair 50-75	Poor 50 or below
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A. Evaluation of Candidate's Teaching

Teaching and guiding a 'student' in the Cosmic Cleansing

B. Interview

1. Knowledge of Cosmic Cleansing

2. Own Experiences

C. Questionnaires Reviewed

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	Certified	Retry
1 st Evaluation		
2 nd Evaluation		
3 rd Evaluation		

Evaluation given by and dated:

1)
(Please print)

.....
(Signature)

2)
(Please print)

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(Signature)

3)
(Please print)

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(Signature)