

The Danzan Ryu Seifukujitsu Institute

Request for Recognition as a Full Instructor

Rev 7/20

Name _____ Date _____

Home Address _____
Street City State Zip

Address to which your certificate should be mailed, if different:

Street City State Zip

Phone Number: _____ Email Address: _____

AJJF Dojo or Note, if Unaffiliated: _____

AJJF Rank: _____ Sensei: _____

DZRRT Technician Graduation Date _____

Program Director Name _____

DZRRT Practitioner Graduation Date _____

Program Director Name _____

I have been an DZRSI Instructor in:

DZRRT Applications since: Date _____

Asian Medicine & DZRRT since: Date _____

Anatomy & Physiology since: Date _____

Standards of Practice since: Date _____

AJJF & DZRSI History since: Date _____

“All the information on this request is true and correct to the best of my knowledge.”

Signed: _____ Date: _____

Fill out the application completely and send to: healingarts@ajjf.org