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Practitioner Questionnaire

Name _____ Date _____

Modality _____

Position you are seeking _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____

Telephone (other) _____

Fax _____ email _____

I. Background Information

Submit a resume, which includes the following information:

1. How were you educated?
2. What continuing education courses have you participated in during the last two (2) years?
3. How many years of experience in practice do you have?
4. Where have you been employed?

IV References:

Please provide four (4) business and two (2) personal references , including their phone numbers:

1) _____

2) _____

3) _____

4) _____

Personal References:

1) _____

2) _____

Signature_____ Date_____

Thank you for your time and effort...