



Universal Healing Tao Center

At Tao Garden Health Spa & Resort

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Cosmic Healing (20) Questionnaires for Certification of Cosmic Healing Chi Kung Teacher (CHT) (Please Print Clearly and Completely for Requirements)

(First Name) _____ (Last Name) _____ Instructor's Name: _____

Address: _____ City: _____

State: _____ Country: _____ Zip/Mail Code: _____

Phone: _____ Fax: _____ Email: _____

1) What are the benefits and importance of the Earthly and Heavenly channels?

2) Did you have any difficulty setting up and locating the points on the hip with the Lung / Large Intestine channels?

3) What did you experience when you moved the energy in the Pericardium channel?

4) What did you feel by doing the Tiger Mouth Technique and what is the importance of it?

5) Did you have any difficulty feeling the energy in the Elbow point during the Grabbing of the Moon Practice?

6) What did you experience when you moved the energy in forming and holding the Chi Ball?

7) What is the sense and benefit of reversing the hands in the forms?

8) Did you have any problems opening the Bridge and Regulator Yin Channels?

100% 75% 50% 25% 0%

9) What did you feel when you moved the hands back & forward at the Throat Center?

10) What will be the benefit for you having opened the Bridge and Regulator Yin Channels?

11) Did you have any problems opening the Triple Warmer 5 and Pericardium 6 at the wrists?

100% 75% 50% 25% 0%

12) What did you feel when you opened the Functional and Governor Channels?

13) What did you feel doing the Double Beaming Practice?

14) What did you experience when you grabbed the Chi Ball and moved it at the navel?

15) Did you have any problems creating the Chi Fields?

100% 75% 50% 25% 0%

16) What is the sense and benefit of activating and beaming the fingers into the palms?

17) What was the feeling when you opened the Yin Channel inside the arms?

18) Did you have any problems moving the energy in the Chi Belt?

100% 75% 50% 25% 0%

19) Were you able to form an Energy Body and connect with the Color, Sounds, &. Planets of the Chi Fields?

20) Did you feel any aspect of your being healed or rejuvenated?

Feedback:

1) *What was your personal impression of this session?*

2) *Did the instructions from this session prepare you for working with the material by yourself?*

100% 75% 50% 25% 0%

3) *What suggestions do you have that might help to enhance this session?*

4) *Do you feel comfortable and happy about what you learned?*

100% 75% 50% 25% 0%

5) *Do you think your friends could benefit from this session?*

100% 75% 50% 25% 0%

6) *Do you feel the material in this session will be useful for you in your daily life?*

100% 75% 50% 25% 0%

Date: _____

Signature of Student : _____

Signature of Instructor: _____