Collective Foundation for Structural Integration (CFSI)

Student Enrollment Application: 2027 Postgraduate Elder Stellium Series

Welcome to the application process for the Elder Stellium Series. We look forward to learning more about your journey, your practice, and your dedication to the lineage of Structural Integration.

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1. General Applicant Information

Please share your preferred name and pronouns so we can refer to you accurately throughout the program.

- **Preferred Name: _____**
- **Legal Name (if needed for certificates or licensing): _____**
- **Pronouns: _____**
- **Primary Email Address: _____**
- **Phone Number: _____**
- **Mailing Address: _____**

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2. Track Selection

Please select the professional track you are applying for:

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3. Professional & Educational Background (All Tracks)

Applicants for Track B may skip certification fields if not applicable.

- **Name of IASI-Approved Training School/Program (if enrolled/graduated): _____**
- **Graduation or Current Enrollment Date: _____**
- **Years of Active Clinical Practice: _____** Years
- **BCSI Certification Number (if applicable): _____**

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4. Personal Statement of Intent

Please share your reflections below or attach a separate page.

1. **Somatic & Lineage Alignment:** Describe your understanding of the "Open Universe" framework and working within an experiential continuum rather than a reductionist, pathologizing framework.
2. **Clinical Goals:** What draws you to the vocational apprenticeship model of the Elder Stellium Series, and how do you plan to bring physical resilience back to your community?
3. **Apprenticeship Commitment:** Are you prepared for an intensive, long-term commitment involving deep observation, clinical practice, and regular educational touchpoints?

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5. Ethical & Linguistic Boundary Agreement

"I understand that the Collective Foundation for Structural Integration (CFSI) operates strictly within a lineage-anchored structural model. I promise to maintain linguistic integrity by using clear, descriptive, and claims-safe structural language rather than attempting to diagnose or treat medical conditions. I acknowledge that this program is an educational endeavor, and I commit to honoring the physical boundaries and communication paths established by my clients and teachers."

Applicant Signature: _____

Date [MM//DD/YY]: _____

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6. Module D Travel & Modality Acknowledgment

Required for all applicants. Please initial each statement.

- **____ Venue & Logistics:** I understand that Module D is held on-site in Retreat, Brazil. I take full responsibility for my own travel, flights, passport, visa arrangements, and lodging coordination.
- **____ In-Person Constraint:** I recognize that Module D is strictly an in-person, hands-on module locked to practitioners, unless special capacity contingency rules allow for auditor tracks.
- **____ Staffing Boundaries:** I acknowledge that online/hybrid options for all modules are subject to regional staffing constraints and the discretion of the presiding Elder faculty.

Applicant Signature: _____

Date [MM/DD/YY]: _____
