

IBTA Subscriber Application

To make application as a Subscriber to the IBTA, complete:

1. Subscriber Application Form
2. IBTA Ethical Standards Form (your typed name sent from your email will constitute your signature).
3. Send your completed Application Form, Ethical Standards Form and \$15 payment to:

Jeremy Youst
IBTA Membership Coordinator
45 Stones Mill Rd.
Spofford, NH 03462 USA
Jeremy.ibta@gmail.com

4. Make \$15 payment via PayPal below or by US check or international money order payable to "IBTA".

IBTA SUBSCRIBER APPLICATION FORM

Contact Name: _____ Date: _____

School/Training name (if applicable): _____

Address: _____

City: _____ State/Province: _____

Country: _____ Postal or Zip Code: _____

Phone: _____ (Home/Business)

Fax: _____ E-mail: _____

Website: _____

Fee enclosed: \$15 per year

Payment by US Check or International Money Order..... (Payable to: IBTA) or:

Payment by PayPal (www.paypal.com): Use Jeremy.ibta@gmail.com

Signature _____ Date _____

IBTA application form should be printed out, filled in, joined with signed Ethics Form and sent to:

IBTA c/o Jeremy Youst
45 Stones Mill Rd.
Spofford, NH 03462
Jeremy.ibta@gmail.com

International Breathwork Training Alliance Ethical Standards Form

Given that an ethical code is essentially an agreement in good faith between a professional and the public she/he serves, I, (print name) _____, as a professional breathworker do endorse the following standards and pledge to practice in adherence to them. At any time I am not in compliance with them I agree to voluntarily withdraw from professional practice and to return and rescind my membership in the International Breathwork Training Alliance.

Breathwork schools, trainers, practitioners and trainees in the International Breathwork Training Alliance agree to observe the following code of ethics. I agree to:

1. Client Suitability.

- a) Establish a client's ability to utilize and healthfully integrate breathwork, as far as is possible.
- b) Not discriminate on the basis of race, ethnicity, gender, religion, sexual orientation, age or appearance.

2. Contract with Clients.

- a) Establish clear contracts with clients regarding the number and duration of sessions and financial terms.
- b) Establish clear boundaries and discuss the possible employment of touch.
- c) Practice my breathwork skills primarily for the benefit of the client, rather than solely for financial gain.
- d) Maintain confidentiality of client information and security of records of client session content.

3. Practitioner Competence

- a) Practice within my area of professional competence, training and expertise, make this clear to my prospective clients, and not make claims for my service that cannot be substantiated.
- b) Continue to develop personally, practicing the technique that I offer to others while nourishing passion and reverence for my calling, and keeping a healthy balance in my work and self care.
- c) Seek supervision and consultation when appropriate.

4. Practitioner/Client Relationship

- a) Establish and maintain healthy, appropriate and professional boundaries, respecting the rights and dignity of those I serve.
- b) Refrain from using my influence to exploit or inappropriately exercise power over my clients.
- c) Refrain from using my breathwork practice to promote my personal religious beliefs.
- d) Refrain from all forms of sexual behavior or harassment with clients even when client initiates or invites such behavior.
- e) Provide clients with information about community networking, educational resources and holistic lifestyle with their consent and within my scope of knowledge.
- f) Refer clients to appropriate resources when they present issues beyond my scope of training.

5. Practitioner Interrelationships

- a) Maintain and nurture healthy relationships to other breathworkers.
- b) Give constructive feedback to other Alliance practitioners who I believe have failed to follow one or more of the ethical principles. If this does not sufficiently resolve the issue, seek consultation with the most appropriate professional and/or civil authorities within my local region for the protection of breathwork clients involved.

Signature _____ Date _____

© International Breathwork Training Alliance **(Your typed name sent from your email address shall serve as the equivalent of a signed IBTA Ethical Standards Form.)**