

Complete Brain Care and Wellness Driven Life Pre-Qualification Check List
770-646-8031 fax: 770-646-8615 [Visual Odyssey - visualodsy@aol.com](mailto:visualodsy@aol.com)

Thank you for enthusiastically responding to our call for Wellness Driven Life Ambassadorsⁱ to help serve the Veterans whoⁱⁱ serve us and the Athletesⁱⁱⁱ who entertain us. These are exciting times as a new avenue^{iv} of care is being blazed for Chiropractic and you. You will get to be part of this revolution as it unfolds.

Below are a series of questions and statements. Please check all that apply to you.

In light of the Executive Order on Mental Health^v and new legislation^{vi} that supports this non-pharmacological approach^{vii}, plus all the recent news on concussion^{viii} in sports, I am very interested in joining the Families^{ix} and in engaging vets and athletes as patients and serving my community!

- I understand the sense of urgency our Nation faces and I am willing and able to rise up to the challenge. I want to be part of this now.^x
- I would like to undergo the training^{xi} necessary to become a provider of these diagnostic and treatment protocols^{xii}.
- To receive pre-qualification training, I will set aside 1 hour per day for our initial 1 week bootcamp.
- I am enthusiastic about helping Veterans and others with PTSD^{xiii}, Anxiety^{xiv}, Insomnia^{xv}, and Depression^{xvi} and Sleep Apnea^{xvii}
- I am enthusiastic about helping Athletes with TBI and Concussion and teaching others^{xviii} how to avoid and mitigate the damage from those injuries.
- I believe that providing scientific studies that validate my recommendations for nutrition^{xix} and care will increase patient compliance and referrals.!
- As a Wellness Driven Life Ambassador^{xx}, the WellnessDrivenLife.com website will be personalized and filled out to contain a library of educational materials, patient education software, training, support and outreach for new patients!
- I will use the CAM Integrator software for my referral network, diagnostic and treatment training and patient education in my Veteran and Athletics Outreach.
- I will use the CAM Integrator software^{xxi} as a tool to position myself as a CAM consultant to other health professionals.
- Using the marketing materials, lectures and seminars, I will be able to influence at least 6 (2 plus 4 ZIJA Wellness Leaders^{xxii}) colleagues to participate in this program.

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- If Wellness Driven Life comes to my city for some special training, I will be able to have in attendance at least 6 fellow Chiropractors and other Doctors at a luncheon Wellness Embassy would host.
- I am willing to email 1,000 information POSTCARDS^{xxiii} packets every month to patients and healthcare professionals in my territory, (leads are one of the package options)
- I understand that proprietary information, including equipment and treatment protocols will be shared as a part of this training, and I agree to keep confidential^{xxiv} such information as is not currently available to the general public.
- I understand that program will require that I reach the ZIJA Gold aromatherapy care status in each of two legs 2 plus 4^{xxv}.
- I understand that program will include a Weekend hypnosis-care Certification^{xxvi}. (TeleHealth delivery is optional & it is possible to refer these services).
- I understand that Phase 2 of this training program includes some new hardware or equipment AND CAM Integrator User Training^{xxvii}

I already have CLA SubStation,

- | | |
|---|---|
| <input type="checkbox"/> NeuroInfinet | |
| <input type="checkbox"/> MyoVision | <input type="checkbox"/> EEG, |
| <input type="checkbox"/> ProAdjuster / Sigma Align, | <input type="checkbox"/> NCS, |
| <input type="checkbox"/> Activator, | <input type="checkbox"/> Laser Acupuncture, |
| <input type="checkbox"/> ArthroStim, | <input type="checkbox"/> LLLT, |
| <input type="checkbox"/> NeuroMechanical, | <input type="checkbox"/> Decompression |

- I want to be considered a first option in my area.
- I want to help manage the clinicians in my region.

If you checked 10 out of 18 of these questions then the next step is to arrange a personal conference call between you and the WDL team.

I, (Print Name) _____ acknowledge the need to act now to provide a better solution than drugs to our veterans and athletes. As a Chiropractor I feel it is my duty to take action now. I am interested in getting more details (via webinar or conference call) on the training and certification program for providing effective and natural health care to our veterans, and that their best interests would be served by a non-pharmacological approach geared to help them without risk of further damage or injury.

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I am requesting a telephone interview for us to mutually determine my qualifications to participate in this program of healing and the new Brain / Spine- based Wellness Paradigm.

I have signed the NDA and will return it (scanned or faxed) along with this Application Request.

I've included a credit card which will be charged for my Refundable Complete Brain Care / Wellness Driven Life Application Process.!

I'm able to have a telephone interview this week.

Signed: _____ Date: _____

Print name: _____

Address: _____

Address: _____

Phone: _____ Email: _____

Please provide 3 times in the next 5 days that you can be available for a phone interview of approximately 30 minutes duration. We will confirm back with one of your choices.

1. Date: _____ Time: _____

2. Date: _____ Time: _____

3. Date: _____ Time: _____

Visit www.CompleteBrainCare.com (password=CBC-WDL) and checkout some of the items we have turned on for your preview.

Included with this Questionnaire:
Invoice and NDA
Bibliography OF 26 ITEMS REQUIRED TO STUDY

- ⁱ WDL
- ⁱⁱ 3,100,000 Veterans
- ⁱⁱⁱ 3.9 Million Athletes
- ^{iv} Human Connectome Suite (HCS)
- ^v Executive Order
- ^{vi} Suicide Prevention Act
- ^{vii} Non Pharmacological Management of Mental Health
- ^{viii} 52,000 Suicides, and CONCUSSION & Slide PPT
- ^{ix} Joining Forces Michelle Jill Movement
- ^x Pre Qual Application Receipt Thank You email
- ^{xi} Training Invoice and Payment Form
- ^{xii} Training Circuit Protocols
- ^{xiii} PTSD PPT
- ^{xiv} Anxiety PPT
- ^{xv} Insomnia PPT
- ^{xvi} Depression PPT
- ^{xvii} Sleep Apnea
- ^{xviii} Train the Trainer 32 ADI Leadership Training
- ^{xix} ZIJA Weekend WDL Rally and \$1320
- ^{xx} WDL Operations Manual All Contained in the Paragraph
- ^{xxi} CAM Int
- ^{xxii} ZIJA Gold Mercedes Qualification
- ^{xxiii} POSTCARD MANIA INHOUSE CAMPAIGN
- ^{xxiv} Licensing IP and NDA Agreements
- ^{xxv} ZIJA Comp Plan and Gold Status in 30 days
- ^{xxvi} HYPNOSIS CERTIFICATION
- ^{xxvii} Exclusive Licensee Sublicensor Training Facility