



## **Trainer Ethics – QX/Ecllosion License in Device Training**

Issue 1.2 17<sup>th</sup> may 2006.

### **Ethics Conformity**

In submitting this application I have read and understood the ethics requirements and agree to abide by these.

### **Procedures**

In submitting this application I have read and understood that IMUNE is fully authorized by the manufacturer and agree to abide by the IMUNE requirements and to follow the complaints procedure in case of dispute.

### **Qualification.**

The Qualification Title will be:

### **International License Device Trainer EPFX-SCIO-QXCI**

I understand this that this License will apply solely to Technical Operation of the device. I may (from my experience) offer clinical application insights but will in no way represent these as QX/Ecllosion insights.

### **Disclosure, Conflicts of Interest**

1. I undertake to advise IMUNE (as the manufacturer's appointed operator) of any issue, complaint or conflict) in timely fashion.
2. I undertake to not create or support but to actively seek to dispel and to advise in timely fashion any rumor in relation to the manufacturer's device, staff, the inventor or IMUNE.
3. In respect of this License I undertake to support the manufacturer and its appointed agent IMUNE and present both in a realistically positive light.
4. I undertake to be ethical in my training and keep to the purpose and intent and in particular:
  - a. Not to mislead or teach information that I am not certain of but to seek clarification in these circumstances.
  - b. Not to disclose or discuss the content of any exam or assessment process or material.
  - c. To be totally honest in undertaking exams etc. As if they were inviligated.
  - d. Not to refer to or teach other modalities or device information in a device training session (especially kinesiology, dowsing etc.)
  - e. Not to compromise the training by using it as a vehicle for sales of items unless directly related to the device such as accessories or ancillary software which operate integrally with the device.

Unless:

- The attendees are advised in advance and agree



- Any sales activity is scheduled separately from the training
  - The attendees are given the opportunity to opt out.
5. I undertake to provide information required to monitor my performance as a trainer being principally:
- a. A summary sheet for each training to include date, attendees' names, and summary scores of feedback in XL format.
  - b. Copies of individual sheets for the class on request.

To be sent within 7 calendar days of class completions. The forms must include the IMUNE requirements as a minimum but may include additional information for the trainers use.

6. I understand and accept that my accreditation will be reviewed and may be revoked under the following circumstances:
- a. Failure to teach according to the manufacturers syllabus
  - b. Provision of interpretations that are not well founded.
  - c. Representation of clinical or application information as originating from the manufacturer, unless such is contained in a publication issued or authorized by the manufacturer.
  - d. Failure to maintain training standards
  - e. Failure to undertake continuing education
  - f. Misrepresentation
  - g. Failure to disclose conflict of interest and other areas as above.
  - h. Dishonesty