

APPLICATION FOR SENTIENCE

Sentience is an equal opportunity perceptual experience. We do not discriminate on the basis of race, color, national origin, sex, age, disability, or any other status commonly equated with an identifiable collection of matter within a defined contiguous boundary in three-dimensional space.

First Name: _____ Middle Initial: _____ Last Name: _____				
First-Language Acquisition i.e. Phonology, Morphology etc.: _____	Applicant's Physical Stimuli Include: _____			
Serial Position Effect In Relation To Working Memory: _____	Description of Long-Term Memory Incl. Procedural, Semantic & Episodic: _____			
List Any Metacognitive Phenomena Currently In Use Incl. Cryptomnesia, Deja Vu & Validity Effect: _____	Cell Phone Number: _____			
Have you applied for sentience before? YES: <input type="checkbox"/> NO: <input type="checkbox"/>				
If YES, which neural correlates of consciousness (NCC) were sufficient to constitute the minimal set of neuronal events and mechanisms for a particular conscious percept?				
Are you 0 years of age or over (proof of anatomical age may be requested)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Are you a biological entity as defined by the precepts of function, growth, evolution, distribution & taxonomy (if granted sentience, verification of molecular, cellular & physiological structure is required)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
What type of sentience are you seeking? <input type="checkbox"/> Monism <input type="checkbox"/> Dualism <input type="checkbox"/> Mysterianism <input type="checkbox"/> Seasonal				
Can you meet the attendance requirements of subjective experience? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Total hrs available for sentience per week: _____				
Monday Tuesday Wednesday Thursday Friday Saturday Sunday				
Date available to begin the categorization & creation of concepts: _____				
Please list any aspects of consciousness traditionally considered by the philosophy of mind to be separate from that of sentience incl. intelligence, creativity, sapience, and intentionality: _____	Amount of time the aforementioned mental processes have been in use: _____			
Given that the body is a physical organism & the mind is non-physical please explain how mental states, events & processes such as belief, action & thinking are related to physical states, events & processes: _____				
Please list any additional nonobjective conscious states unrelated to brain states formed by electrochemical interactions: _____				
Please denote any of the following examples of qualia—i.e. instances of individual subjective occurrence—you believe yourself to have experienced beginning with the most recent qualia. Account for all periods of time during which no qualitative characters of sensation were experienced and you were therefore incapable of reasoning or otherwise altering your behavior / beliefs based upon sensory stimuli:				
The perceived redness of an evening sky: <input type="checkbox"/> YES <input type="checkbox"/> NO Date sensation began: _____ Date sensation ended: _____				
The raw pain of a headache: <input type="checkbox"/> YES <input type="checkbox"/> NO Date sensation began: _____ Date sensation ended: _____				
The awareness of one's own mortality: <input type="checkbox"/> YES <input type="checkbox"/> NO Date sensation began: _____ Date sensation ended: _____				
If YES to the above, please indicate whether you are an adherent of the theoretical philosophy of EMPTY INDIVIDUALISM in which personal identity is believed to correspond to a fixed pattern and thereby ceases to exist immediately with the passage of time, CLOSED INDIVIDUALISM in which personal identity is unique to each subject and yet survives the passage of time as purported by most mainstream Abrahamic religions, or OPEN INDIVIDUALISM in which there is only one numerically identical subject (i.e. we are all part of a single omni-person for which the beginning of a human life is simply the manifestation of a new physiological / psychological essence and death is therefore simply the end of said manifestation): _____				
Please provide two references familiar with your character / mental state (do not use family members unless indeed we are all everyone at all times):				
	NAME	RELATION	PHONE NUMBER	YEARS KNOWN
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

PLEASE READ CAREFULLY BEFORE SIGNING:

I certify that all information provided in this application is complete and true to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for sentience. I authorize the investigation of any or all statements contained in this application. I also authorize the investigation of any or all neurobiological functions insofar as they pertain to this application (i.e. molecular and cellular analysis of the nervous system as well as sensory and motor tasks in the brain). Furthermore, I understand I may be required to successfully pass a psychoactive screening examination and hereby consent to such an examination as a condition of my application's approval. If granted sentience, I understand this perceptual experience cannot be held accountable for how or if neurons process and deliver information to the brain via neurotransmitters, neuropeptides or other electrochemical messengers. If granted sentience, I also understand my selfhood may be terminated at any time with or without reason and with or without notice. I have read, understand, and by my signature consent to these statements:

Signature: _____ Date: _____