



Renewal of Spiritual Healer License

Name _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

Email _____ Web address _____

Current License Number _____ Expires _____

Check only if you have made any changes or additions to the following:

_____ I enclose a copy of the healing techniques I use with this application.

_____ I enclose a copy of my informed consent form with this application.

_____ I enclose a copy of my healing mission statement with this application.

_____ I enclose a list of all my licenses and certifications related to healing.

I enclose my \$55 check or I affirm I paid by credit card _____yes _____no

I practiced as a spiritual healer this past year _____yes _____no

I intend to practice as a spiritual healer this year _____yes _____no

I require all my clients to sign my informed consent form. _____yes _____no

Signature _____ Date _____