

FEDERATION of



Spiritual Healer
Licensing Boards

RENEWAL License Application

The requirement for being re-licensed by one of the Boards within the Federation is to be properly licensed by your state/province or certified by an accredited certification board serving your chosen profession. Additionally, you promise to remain properly credentialed

Name _____

Address _____

City _____ State _____ Postal Code _____

Home Phone _____ Cell Phone _____

Email _____ Web Address _____

The Board I am Currently Licensed with is _____

My License Number _____ Expiration Date _____

You will need to provide the following with your application:

_____ I enclose a copy of my current FSHLB Board Licensing Certificate.

_____ I enclose a copy of my Informed Consent Form.

_____ I enclose a list of my Certifications and Licenses related to healing.

Check ONE License Board from the following list: ([Board Descriptions](#))

- _____ Alliance of Christian Healers
- _____ Fellowship Modern Essenes Board
- _____ Independent Science of Mind Fellowship
- _____ Quantum Healing Hands Fellowship
- _____ Quantum Healer License Board
- _____ Reiki License Commission
- _____ Spiritual Healer License Board
- _____ Spiritual Health Coach License Board

Check off all that apply. All Licenses Expire in 1 Year.

_____ I am **Renewing my UNEXPIRED License** (within 90 Days of Expiration). I will pay **\$55.00**.

_____ I am **Renewing my EXPIRED License** (after the 90 Days Grace Period). I will pay **\$80.00**.

_____ I am **REINSTATING my License** (after the 270 Grace Period). I will pay **\$110.00**.

_____ I am paying by **Check or Money Order**.

_____ I am paying **Online**. *This is our preferred method.*

Informed Agreement:

By completing and signing this application, I warrant that I am qualified to **operate** in the public domain by virtue of having the proper Education, Certification and or License. I promise to remain properly Certified while I am Licensed by one of the Federation of Spiritual Healer Licensing Boards.

I understand that the public domain is governed by the State or Province and the National Government where I reside. While I am **operating** in the public domain I am under the jurisdiction of these governments and required to obey their laws.

I acknowledge that the Spiritual Healer License I am requesting will allow me to **operate** in the private domain as a Spiritual Healer. I understand that the private domain is governed by the Bill of Rights in the United States Constitution in the US. While I am **operating** in the private domain I am under the jurisdiction of these documents and the Ecclesiastical Organization standing behind my Spiritual Healer License.

Date _____

Signature _____

FILING REQUIREMENTS

Print the application, complete, and sign it. Compile all the additional documentation requested. Decide how you will Pay. Check, Money Order or Online via our **Payment Gate – Gumroad! WE DO NOT ACCEPT BANKING APPS, PAYPAL ETC.**

Best Filing Option 1: Email the Application, your Online Payment Receipt that you received via email from **Gumroad** our Online Payment Processor and the Additional Documents.

Filing Option 2: Mail the Application along with your Check, Money Order Payment or Online Payment Receipt that you received via email from **Gumroad** our Online Payment Processor and the Additional Documents.

- **Mailing Address:** FSHLB – 1558 S. 4th. Street Columbus, Ohio 43207

Processing Timelines:

- Applications via Email with Online Payments: 2-4 Weeks
- Applications via Postal Service with Online Payments: 4-6 Weeks
- Applications via Postal Service with Check/Money Order Payments: 6-8 Weeks

We must verify all the information you provided with your application and this takes time to do. Make sure you provide exactly what the application requests or it will take longer to process. We will contact you for further details if needed. If you have not heard from us this means that your application is in processing. Thank you for your

Email: info.healers@gmail.com

- We will reply within 72 hours if your email requires it.

FSHLB Office Hours: The office operates on a part time basis as we are a small non-profit entity.