

FEDERATION of



Spiritual Healer
Licensing Boards

APPLICATION FOR SPIRITUAL HEALER LICENSE

Check One: **New Application** _____ (1 year) **Renewal Application** _____ (2 years)

The requirements for being licensed by one of the Boards within the Federation are to be properly licensed by your state/province or certified by an accredited certification board serving your chosen profession. Additionally, the Board you chose must approve your Healing Mission or refer you to the Boards that accept your healing mission.

I choose to be Licensed as a:

_____ Spiritual Healer (Licensed by **Alliance of Christian Healers Board**)

_____ Spiritual Healer (Licensed by the **Spiritual Healer License Board**)

_____ Spiritual Healer (Licensed by the **Spiritual Health Coach License Board**)

By completing and signing this application, I warrant that I am qualified to practice in the public domain by virtue of having the proper license or certification to do so. I also understand any license I have allows me to practice only in the state or province that issues my license. I further understand that certification thru an accredited certification agency is valid only in those states and provinces that do not license my profession – unless I am properly licensed. I understand that the public domain is governed by the state or province and the federal government where I reside. While I am practicing in the public domain I am under the jurisdiction of these governments and required to obey their laws. I promise to remain properly credentialed while I am licensed as a spiritual healer. I acknowledge that the spiritual healer license I am requesting will allow me to work in the private domain as a spiritual healer anywhere in North America while I am so licensed. I understand that the private domain is governed by the Bill of Rights in the United States Constitution in the USA and Section 2 of the 1982 Canadian Charter of Rights and Freedoms in Canada. While I am practicing in the private domain I am under the jurisdiction of these documents and the ecclesiastical organization standing behind my Spiritual Healer License I enclose a list of all my licenses and certifications related to healing. (required)

Name _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

Email _____ Web address _____

Signature _____ Date _____

Email to: Spiritual Healers - Executive Secretary, info.healers@gmail.com

Or, Fax to: 800-710-1539

Or, Mail to: FSHLB, PO Box 163, Ridgecrest, NC 28770

- Enclose your check or money order for **\$65.00** payable to FSHLB
- Or, enclose a copy of your Online Payment Receipt – [Online Payment](#)
- Include with your application items listed on page 2

INLCUDE WITH NEW APPLICATIONS

- Copy of your written "Healing Mission"
- Copy of your Informed Consent Form
- Copy/s of Healing Technique Certifications
- Basic Anatomy & Physiology Certificate
- Practices, Ethics Informed Consent Forms Certificates
- Spiritual Coaching Skills Course Certificate

INCLUDE WITH RENEWAL APPLICATIONS

- A Copy of Your Expired License
- Proof of 10 Continuing Education Credits
- Updated Informed Consent Form if Needed