

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 _____

Current License Number _____ Expiration Date _____

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 updated Informed Consent Form if needed.

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

Choose a License Board from ONE of the following with a check mark: ([Board Descriptions](#))

_____ Alliance of Christian Healers _____ Fellowship Modern Essenes Board

_____ Independent Science of Mind Fellowship _____ Licensed Spiritual Healer Council

_____ Quantum Healing Hands Fellowship _____ Quantum Healer License Board

_____ Reiki License Commission _____ Spiritual Healer License Board

_____ Spiritual Health Coach License Board

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 Board.

I also understand any State License will only permit me to **operate** in the State or Province that issues the License.

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.
- Check off **ONE** of the following.
- _____, I am Renewing my **UNEXPIRED** License. I am paying the **\$55.00** for **1 Year** by Check, Money Order or Online.
- _____, I am Renewing my **EXPIRED** License (**after the 90 Days Grace Period**). I am paying **\$80.00** 1 Year for **1 Year** by Check, Money Order or Online.
- _____, I am **REINSTATING** my License (**after the 270 Grace Period**). I am paying **\$110.00** 1 Year for **1 Year** by Check, Money Order or Online.

Option 1: Mail the Application your Check or 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 - P.O. Box 7021, Springfield, MO 65801

Option 2: Email the Application and your Online Payment Receipt that you received via email from Gumroad our Online Payment Processor and the additional documents.

- **Email:** info.healers@gmail.com