

# Spiritual Health Coach

## Application for Spiritual Health Coach License

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Web address \_\_\_\_\_

**Check all that apply:**

\_\_\_\_\_ 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 \$65 check or I affirm I paid by credit card \_\_\_\_\_yes \_\_\_\_\_no

I completed the required course in professional ethics. \_\_\_\_\_yes \_\_\_\_\_no

I completed the required basic coaching skills workshop. \_\_\_\_\_yes \_\_\_\_\_no

I require all my clients to sign my informed consent form. \_\_\_\_\_yes \_\_\_\_\_no

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax to: 888-661-6361 -or- Email to: shc@fshlb.com -or-

Mail to: FSHLB – SHC, 8417 Oswego Road #131, Baldwinsville, NY 13027

You may pay by check or money order. You can pay by credit card on our website.