

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