

Spiritual Health Coach

Renewal of Spiritual Health Coach License

Name _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

Email _____ Web address _____

Current License Number _____ Expires _____

I intend to practice as a spiritual healer this year ____yes ____no

I require all my clients to sign my informed consent form. ____yes ____no

I enclose my \$55.00 check or affirm I paid by credit card ____yes ____no

For a late payment, I enclose my \$80.00 check or affirm I paid by credit card
____yes ____no

Comments:

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