

**Application for New License**

 **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Check all that apply (required):**

**\_\_\_\_\_ I completed 40 CEU Professional ethics, Professional Practices, Informed**

 **Consent**

**\_\_\_\_\_ I completed 45 CEU Basic Skills Coaching Workshop**

**\_\_\_\_\_ I intend to practice as a Spiritual Health Coach**

**\_\_\_\_\_ I require all my clients to sign my informed consent form**

**\_\_\_\_\_ I enclose a copy of the healing modalities I use**

**\_\_\_\_\_ I enclose a list of all my licenses and certifications related to healing**

**PAYMENT (Select one)**

**\_\_\_\_\_ I enclose my $60 check or money order OR**

**\_\_\_\_\_ I affirm I paid $65 on line by credit card**

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

Email to: admin@fshlb.com or Fax to: 888-728-0011 or mail to:

FSHLB -- SHC

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