



Application for Spiritual Healer License

Name _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

Email _____ Web address _____

Current License Number _____ Expires _____

Check only if you have made any changes or additions to the following:

_____ I am applying for my Spiritual Healer License

_____ I am applying for my Spiritual Health Coach License

I enclose my \$65 check or I affirm I paid by credit card _____yes _____no

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

Signature _____ Date _____

Email as an attachment to: qhh@fshlb.com -or- Fax to 888-661-6361

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