

Clinical Intuitive Practitioner Application

Applicants for National Certification Center Approval Clinical Intuitive Practitioner



National Certification Center of Energy Practitioners
31907 South Davis Ranch Rd. Marana, AZ 85658
Email application materials to: ncceoep@earthlink.net
Questions: 1-520-609-1766

Please include a filled out copy of this document with your submission. Submit the documents required by email or by mail. Your application will be processed when your payment is received. Please send check or money order to the address above and made out to NCCOEP.

Clinical Intuitive Practitioner

Did you include:

- 30 case studies (mentorship is required) or sign off from training program.
- Certificate from the training program (160 hours training and 40 practicum hours)
- Certificate from Ethics Test
- Certificate from Standards of Practice Test
- Anatomy and Physiology training.
- Professional Liability Insurance
- Bio (400 words), Photo (color head shot) and processing fee (\$75)

Name: _____

Home Address: _____

Phone #: _____ Alternate Phone #: _____

Fax #: _____ Email: _____

Name of Practice: _____

Are You 18? Yes No Must be 18 years of age or older to apply.

State/s Practicing in?: _____

Business Address: Check if Same as Home Address

1 Initials _____

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Website: _____

Any Other Professional License(s)?: _____

Highest Level of Education?: _____

Any areas of specialization: _____

Please note the following:

Your individual state may require finger printing, mental health evaluation and a background check prior to state approval.

If you have had an a substance abuse issue, we ask that you be a minimum of two years clean and sober prior to submission of your application.

If you have had a significant mental health issue, we ask that you be four years stable prior to submission of your application.

Please include with the email/mail in addition to this form the following:

1. 30 case studies.

If you are involved in a training program include only the certificate sign-off from your mentor.

If you are submitting independently:

Please submit 30 case studies done in the following format (minimum of 5 pages.)

A. Signed consent of the person receiving support. (Please see consent forms.)

B. Description of the reason for the support request.

C. Goals for the work.

D. Description of a minimum of 3-5 sessions with this person. Be detailed in the actions that you have taken to support this client. You do not need to share their personal material. You must share your actions taken.

E. Were the goals of the work met? If yes, list the goals met. If no, share why the person did not advance.

F. Summary and your insights into the process. Include how working with the person helped to expand your knowledge and supportive skills.

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2. Ethics Test

Please include a copy of your successful exam completion certificate.

3. Standards of Practice Test

Please include a copy of your successful exam completion certificate.

4. Proof of Anatomy and Physiology training (encouraged not required):

The Certification Center will accept all college level anatomy and physiology training programs. We also accept anatomy and physiology classes for physician, nurses, physical therapists, chiropractors etc. If you have taken a massage therapy anatomy and physiology class please list the number of course hours and the topics covered. We have also listed an online course in the Exam section of this web site.

5. Professional Liability Insurance:

We require Professional Liability Insurance. Please provide a copy of your liability insurance certificate. For more information check the exam section of this web site. Please Note: We take no responsibility for the quality of the insurance chosen. It is the responsibility of the individual practitioner to investigate and determine the Professional Liability Insurance that best meets their needs.

6. Bio (400 words), Photo (color head shot/passport photo) and Fee (\$25)

I confirm that all of the information in this document and included documents is true and complete.

Signature

Please print your name clearly

Date

Notary Public

Date

Date of Commission

State

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Stamp