

# Cognitive Somatic Application

## Applicants for National Certification Center Approval



National Certification Center of Energy Practitioners  
31907 South Davis Ranch Rd. Marana, AZ 85658  
Email application materials to: [nccoep@earthlink.net](mailto:nccoep@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.

## Cognitive-Somatic Energy Practices

### Did you include:

- Certificate from approved training program.
- Certificate from Ethics Test.
- Certificate from Standards of Practice Test
- 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

\_\_\_\_\_  
\_\_\_\_\_

Website: \_\_\_\_\_

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Any Other Professional License(s)?: \_\_\_\_\_

\_\_\_\_\_

Highest Level of Education?: \_\_\_\_\_

Training Program you completed: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

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. Certificate from training program.

Please include a certificate from your training program.

2. Ethics Test (May be included in training program.)

Please include a copy of your successful exam completion certificate.

3. Standards of Practice Test (May be included in training program.)

Please include a copy of your successful exam completion certificate.

4. 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.

5. Bio (400 words), Photo (color head shot/passport photo) and Fee (\$75)

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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

Stamp