

Application for National Certification Center of Energy Practitioner Approval

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 (processing fee \$75).

## Dowsing

**Did you include:**

- 12 case studies (mentorship is recommended.)
- Certificate from Ethics Test
- Certificate from Standards of Practice Test
- Certificates from each training program (Map, Field or Informational, Technical)
- Anatomy and Physiology (optional)
- 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

\_\_\_\_\_

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

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

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

Any areas of specialization: \_\_\_\_\_

Please note the following:

Your individual state may require both 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. 12 case studies.

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

If you are submitting independently:

Please submit 12 case studies done in the following format (minimum of 5 pages.)

A. Signed consent of the person receiving support. (Please see consent forms sample in the exam section of this web site.)

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.

2. Ethics Test

Please include a copy of your successful exam completion certificate

3. Standards of Practice Test

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Please include a copy of your successful exam completion certificate.

4. Certificates from your training program(s) including map, field or informational, and technical.

5. Anatomy and Physiology (optional)

We strongly encourage the applicant to consider training in Anatomy and Physiology. 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.

6. 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.

7. Bio (400 words), Photo (color head shot/passport photo) and Fee. Please send check or money order to the address at the top of the form and made out to NCCOEP or submit payment through the NCCOEP web site via paypal (processing fee \$75).

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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