

# Tai Chi Lineage Application

Applicants for National Certification Center Approval  
Tai Chi Lineage



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.

## Tai Chi - Lineage Application

### Did you include:

- 5 case studies (mentorship is required.)
- Include 3 evaluations in the case studies of the clients issues done prior to dialogue with the client.
- Certificate from Training Program
- Letter of Approval from Lineage Founder or Approved Lineage Teacher
- Lineage Listing (Please use the Lineage form found in the application area.)
- Certificate from Ethics Test
- Certificate from Standards of Practice Test
- Anatomy and Physiology training. (May be Eastern or Western. Eastern preferred.)
- 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.

1 Initials \_\_\_\_\_

Tai Chi Lineage Application

State/s Practicing in?: \_\_\_\_\_

Business Address: Check if Same as Home Address

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

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

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

\_\_\_\_\_

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. Five 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 5 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. Three Evaluations:

Include 3 evaluations in the case studies (one in each of three case studies) of the clients issues done prior to dialogue with the client.

3. Please include a graduation certificate from your training program.

4. Letter of Approval from Lineage Founder or Approved Lineage Teacher (Sifu)

5. Please include a copy of your lineage. (Fill out Lineage form in Application forms area.)

6. Ethics Test

Please include a copy of your successful exam completion certificate.

7. Standards of Practice Test

Please include a copy of your successful exam completion certificate.

8. Proof of Anatomy and Physiology training:

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.

9. 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.

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

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

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Signature

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Tai Chi Lineage Application

Please print your name clearly

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Commission

\_\_\_\_\_  
State

Stamp