

Laying on of Hands 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: 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.

Laying on of Hands

Did you include:

- Certificate from approved training program.
- Certificate from Ethics Test (May be included in training program.)
- Certificate from Standards of Practice Test (May be included in training program.)
- Proof of Anatomy and Physiology training. (May be included in training program.)
- Practical/Empirical Test Certificate
- 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?: _____

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Business Address: Check if Same as Home Address

Website: _____

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 approved training program.

Please include a graduation certificate from your training program or a letter of approval from you lineage holder.

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. Proof of Anatomy and Physiology training:

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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. The Practical/Empirical test:

Please include your certificate from the empirical testing.

Please note: Until all of the appropriate test centers have been established in every state the NCCOEP will accept a practical test of practitioners skills. Please see the additional document required for the practical test on the Exam page.

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.

6. 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.

Signature

Please print your name clearly

Date

Notary Public

Date

Date of Commission

State

Stamp