



Natural Therapies Certification Board

PO Box 103, Swannanoa, NC 28778 ♦ 800-710-1539 ext. 1 ♦ 888-484-3113 (fax) ♦ ntcg.info@gmail.com

RENEWAL APPLICATION

Alternative Healthcare Practitioner (CAHP) or Natural Therapies Practitioner (CNTP)

Fees: \$65 per year – Please check only one
Please type or print the following information.

Cert. Alternative Healthcare Practitioner		Cert. Natural Therapies Practitioner	
Cert. Alternative Healthcare Coach		Cert. Natural Therapies Coach	
Date:	Name (as it would appear on certificate):		
Business Name:			
Address:		City:	
State:	Postal Code:	Country:	
Home Phone:		Work Phone:	
Cell Phone:		E-Mail:	

Degree and Experience

Highest degree attained (degree and subject):	
Licenses and certificates (Please list all. If necessary, continue on back):	State / Prov/ License #

1	I routinely require my clients to sign an informed consent form and I keep a copy on file.	Y	N
2	I routinely discuss my informed consent form with my clients and I give them a copy.	Y	N
3	I have completed 20 CEUs (please continue on the back of this form if necessary)	Y	N

Payment Information

Fees may be paid by mailing a U.S. check, Bank Money Order or paying by credit card on-line at <http://ntcb.org/apply.html>. Applicants may e-mail - ntcb.info@gmail.com, fax – 888-484-3113 or mail their applications to the NTCB office – NTCB, PO Box 103, Swannanoa, NC 28778. Certificates are issued once information and payment are verified. Please allow 4-6 weeks for processing.

Signature: _____