



507 Old Toll Circle – Black Mountain, NC 28711 ♦ 800-710-1539 ext. 1 ♦ 828-357-8415 (fax) ♦ ntcb.info@gmail.com

CERTIFICATION APPLICATION

Alternative Healthcare Practitioner (CAHP)

Fees: \$65 per year

Please type or print the following information.

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, send separate copies/documents):	State / Prov/ License #

1	I have completed 34 hours of Basic Skills Workshop	Y	N
2	Name of instructor:		
3	I have completed 30 hours of a professional ethics course.	Y	N
4	Name of instructor:		
5	I provide the following alternative healthcare services:		
6	I routinely require my clients to sign an informed consent form and I keep a copy on file.	Y	N
7	I routinely discuss my informed consent form with my clients and give them a copy.	Y	N

Credit Card Information

Fees may be paid by check or credit card. Applicants may email, fax, or mail application to the NTCB.

Visa, MasterCard or Discover Credit Card Number: _____

CC Expiration Date: _____

Name as it appears on credit card _____

NOTE: All credit cards are handled confidentially by our secure gateway IPX Services, Inc. over their secure servers. We're sorry, but we cannot accept American Express.

Signature: _____