



848 N. Rainbow Blvd., Box 2500, Las Vegas, NV 89107 ♦ 800-710-1539 ext.1 (phone & fax) ♦ info@ntcb.org

**RECERTIFICATION APPLICATION**

**Integrated Therapies Renewal**  
**\$65 fee per year. Please check the one that applies.**

|  |  |
|--|--|
| Cert. Integrated Therapies Specialist..... | Cert. Integrated Therapies Coach ..... |
|--|--|

**Please type or print the following information.**

|                |   |                   |  |
|----------------|---|-------------------|--|
| Date:          | Name (as it would appear on certificate): |                   |  |
| Business Name: |   | Business Website: |  |
| Address:       |   | City:             |  |
| State:         | Postal Code:                              | Country:          |  |
| Home Phone:    |   | Work Phone:       |  |
| Cell Phone:    |   | E-Mail:           |  |

**Degree and Experience**

|  |   |   |
|--|---|---|
| Highest degree attained (degree and subject):  |   |   |
| Current Professional Licenses and certificates <i>(Please list all. If necessary, send separate copies/documents):</i>                                 |   |   |
| I routinely require my clients to sign an Informed Consent form & keep a Copy on file. I routinely give my clients a copy of my Informed Consent Form. | Y | N |
| I have completed 20 CEUs listed below <i>(use back of paper if necessary)</i>  | Y | N |
| 20 CEU's - List Event Name, Instructor, Date   |   |   |

**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 - info@ntcb.org, fax – ♦ 800-710-1539 ext.1 (phone & fax) or mail your applications to 848 N. Rainbow Blvd., Box 2500, Las Vegas, NV 89107. Certificates are issued once information and payment are verified. Please allow 4 weeks for processing.

**Method of Payment:** \_\_\_\_\_ On-Line      \_\_\_\_\_ Mailed in my check/money order

**Signature:** \_\_\_\_\_