



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

CERTIFICATION APPLICATION

Certified Raindrop Harmonics Specialist (CRHS)

Fee: \$65/year

Those that have completed the AromaSounds Certification Program are eligible to become a Certified Raindrop Harmonics Specialist (CRHS) under the auspices of the NTCB and may become a Licensed Spiritual Healer (LSH) under the Federation of Spiritual Healer Licensing Boards (<http://FSHLB.com>). To be a LSH, one must also be a CRHS. Becoming a LSH, in addition to becoming a CRHS, is optional, if you are already licensed in a recognized profession. You will need to be both a CRHS and LSH to practice legally in all 50 States of the U.S. and 10 Provinces of Canada.

Please type or print the following information.

| | | | |
|----------------|---|-------------|--|
| Date: | Name (as it would appear on certificate): | | |
| Business Name: | | 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 licenses/certifications (Please list all. If necessary, send separate documents): | | | |
| 1 | I have completed 25 CEU of Aromatherapy or Raindrop Training or Equivalent | Y | N |
| 2 | I have completed Phase 1, Phase 2, & Phase 3 of Harmonics Training | Y | N |
| 3 | I have completed Solfeggio & Pythagorean Classic VRTs | Y | N |
| 4 | I have completed the 15 CEU Practicum | Y | N |
| 5 | I have completed Professional Practices/Ethics/ Informed Consent Form Courses | Y | N |
| 6 | I have completed the Basic Skills Spiritual Coaching Workshop <i>Name of Instructor:</i> | Y | N |
| 7 | I have completed Anatomy & Physiology | Y | N |
| 8 | I have completed the 75 CEU Aromatherapy Intensive Paradigm | Y | N |
| 9 | 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 am applying for CRHS certification (and LSH licensing) as indicated below. I understand that certification / licensing is for one year and renewal is contingent upon accumulating 20 Continuing Education Credits (CEUs) after the first year. I also understand that in performing harmonics, vitaflex, raindrop technique and other modalities within the scope of aromatherapy practice that, as a CRHS (and LSH), I will use only Young Living Essential Oils and uphold the standards of AromaSounds.

| | |
|----------------------------|-------------|
| Applicant Signature: _____ | 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 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