



Natural Therapies Certification Board

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

CERTIFICATION APPLICATION

Certified Vibrational Raindrop Technique Specialist (CVRTS)

Fee: \$65

Those that have completed the AromaSounds Certification Program are eligible to become a Certified Vibrational Raindrop Technique Specialist (CVRTS) under the auspices of the NTCB and may become a Licensed Spiritual Healer (LSH) under the Federation of Spiritual Healer Licensing Boards (<http://FSHL.com>). To be a LSH, one must also be a CVRTS. Becoming a LSH, in addition to becoming a CVRTS, is optional, however, if you are already licensed in a recognized profession, you will need to be both CVRTS 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 Basic Training or Equivalent | Y | N |
| 2 | I have completed 60 CEU of Vibrational Raindrop Technique Training – <i>Name of Instructor:</i> | Y | N |
| 3 | I have completed Professional Practices/Ethics/ Informed Consent Form Courses | Y | N |
| 4 | I have completed the Basic Spiritual Skills Coaching Workshop <i>Name of Instructor:</i> | Y | N |
| 5 | I have completed the 15 CEU Practicum | Y | N |
| 6 | I have completed Anatomy & Physiology (please provide documentation) | Y | N |
| 7 | I have completed the 75 CEU Aromatherapy Intensive Paradigm | Y | N |
| 8 | 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 CVRTS certification as indicated above. 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 CVRTS (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 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