



Natural Therapies Certification Board

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

RECERTIFICATION APPLICATION

Certified Vibrational Raindrop Technique Specialist (CVRTS)

Fee: \$65/year - \$25 late fee after 30 days

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 (if there are changes)

Highest degree attained (degree and subject):			
Current licenses/certifications (Please list all. If necessary, send separate documents):			
1	I have completed 20 CEU's - List Event Name, Instructor, Date		
2	I am a Licensed Spiritual Healer (LSH) or Spiritual Health Coach (SHC)	Y	N
3	I routinely share my Code of Conduct with my clients	Y	N
4	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 understand that recertification 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 CRHC (and LSH), I will use only Young Living Essential Oils and uphold the standards of AromaSounds.

Applicant Signature: _____	Date: _____
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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.htm>. 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