



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

CERTIFICATION APPLICATION

Eternale Consultant

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 the Eternale Basic Skills Workshop. | Y | N |
| 2 | I have been properly supervised by a licensed practitioner or licensed as a cosmetologist, esthetician, massage therapist, or certified as a Biofeedback Specialist* | Y | N |
| 3 | Name of supervisor (or attach copy of license/certification): | | |
| 4 | I provide the following alternative healthcare services: | | |
| 5 | I routinely require my clients to sign an Informed Consent form. | Y | N |
| 6 | I routinely give my clients a copy of my Informed Consent form. | Y | N |

***Note:** Licensed/certified practitioners are not required to be certified as Eternale Consultants.

Credit Card Information

Fees may be paid by check or credit card. Applicants may email, fax or mail the applications 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: _____