



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

CERTIFICATION APPLICATION

Certified Homeopathic Coach

Fee: \$65 per year

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):	
Licenses and certificates (Please list all. If necessary, send separate copies/documents):	State / Prov/ License #

Please complete all questions

1. I have attached a copy of my Homeopathic Training	Y	N
2. I have completed 40 CEUs of professional ethics/practices/informed consent form course	Y	N
3. I have completed 45 CEUs of Basic Coaching Workshop course a. Name of Instructor:	Y	N
4. I routinely require my clients to sign an informed consent form and I keep a copy on file.	Y	N

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: _____