



Natural Therapies Certification Board

848 N. Rainbow Blvd., Box 2500, Las Vegas, NV 89107 • 800-710-1539 ext.1 • 888-484-3113 (fax) • info@ntcb.org

CERTIFICATION APPLICATION

Natural Therapies Practitioner (CNTP)

Fees: \$65 per year

Please type or print the following information.

Cert. Natural Therapies Practitioner			
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, continue on back):	State / Prov/ License #

1	I have completed 10 CEU of Professional Ethics	Y	N
2	I have completed 10 CEU of Professional Practices	Y	N
3	I have completed 10 CEU of creating an informed consent form.	Y	N
4	I routinely require my clients to sign an informed consent form and I keep a copy on file.	Y	N
5	I routinely discuss my informed consent form with my clients and I give them a copy.	Y	N
6	I have completed 45 CEU of Basic Skills Training	Y	N
	Name of instructor: _____		

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 – 888-484-3113 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 4-6 weeks for processing.

Method of Payment: _____ On-Line _____ Mailed in my check/money order

Signature: _____