



Natural Therapies Certification Board

PO Box 103, Swannanoa, NC 28778 ♦ 800-710-1539, ext. 1 ♦ 888-484-3113 (fax) ♦ ntcb.info@gmail.com

CERTIFICATION APPLICATION

Certified Quantum Naturopath Technician for IQUM Students

Fee: \$65 per year for one certificate.

Please complete 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 degrees and subjects attained (Please list all. If necessary, send separate copies/documents):
Licenses and certificates (Please list all. If necessary, send separate copies/documents):
Experiences and service (Please list all. If necessary, send separate copies/documents):
Please answer all questions on page 2.

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 - ntcb.info@gmail.com, fax – 888-484-3113 or mail their applications to the NTCB office – NTCB, PO Box 103, Swannanoa, NC 28778. Certificates are issued once information and payment are verified. Please allow 4-6 weeks for processing.

Signature: _____



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507 Old Toll Circle – Black Mountain, NC 28711 ♦ 800-710-1539, ext. 1 ♦ 888-484-3113 (fax) ♦ ntcb.info@gmail.com

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Please answer the following questions.

1. I have completed all the required IQUM Video Courses.	Y or N
2. I have completed all the required IQUM Textbook Courses.	Y or N
3. I have completed the required Dissertation Project with IQUM.	Y or N
4. I have received my Master in Traditional Naturopathy Degree from IQUM.	Y or N
5. I currently have a Bachelor's Degree related to Science and/or Health.	Y or N
6. I have completed 30 hours of a professional ethics course. Name of instructor: _____	Y or N
7. I am currently certified by the NTCB as a CBT, QBT, CBS, OR QBS.	Y or N
8. I am currently licensed by the QHLB as a Quantum Healer License.	Y or N
9. I routinely discuss my Informed Consent Form with my clients and give them a copy.	Y or N
10. I routinely require my clients to sign an Informed Consent Form and keep it on file.	Y or N
11. I routinely give my clients a copy of my Code of Ethics.	Y or N
12. I have completed/documented _____ hours of my 500-hour naturopathy internship.	Y or N
13. I understand that a Certified Quantum Naturopath Technician is NOT equivalent or comparable to Doctor of Medicine (MD) or a Doctor in Naturopathy (ND).	Y or N
Signature: _____ Date: _____	