



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

CERTIFICATION APPLICATION

**Board Certified Raindrop Specialist (BCRS)
& Licensed Spiritual Healer (LSH)**

Certified CARE Instructors (CCIs) are eligible to become a Board Certified Raindrop Specialist (BCRS) under the auspices of the NTCB and may also opt to become a Licensed Spiritual Healer (LSH) under the Federation of Spiritual Healer Licensing (<http://FSSL.com>). To be a LSH, one must also be a BCRS. Becoming a LSH, in addition to becoming a BCRS, is optional, however, unless you are already licensed in a recognized profession, you will need to be both a BCRS and LSH to practice legally in all 50 States of the U.S. and 10 Provinces of Canada.

Please check next to applicable certification request. Certification and/or licensing is good for one year.

Board Certified Raindrop Specialist (BCRS) - \$180 (CARE processing fee included.)		Both BCRS and LSH - \$260 (CARE processing fee included.)	
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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):
Current licenses (Please list all. If necessary, send separate documents):
Current certifications (Please list all. If necessary, send separate copies/documents):
CARE Certification (date of CCI Certificate):

As a Certified CARE Instructor (CCI), I am applying for BCRS certification (and LSH licensing) as indicated below. I understand that certification / licensing is for one year and renewal is contingent upon accumulating 20 Continuing Education Credits (CEUs) during that time, as detailed in the CARE CCI Handbook. I also understand that in performing vitaflex, raindrop technique and other modalities within the scope of aromatherapy practice that, as a CRP (and LSH), I will use only Young Living Essential Oils and uphold the standards of the Center for Aromatherapy Research and Education (CARE International).

Applicant Signature: _____	Date: _____
CARE Officer Signature: _____	Date: _____

Send application, check or M.O. payable to: CARE, RR 4, Box 646, Marble Hill, MO 63764