



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

CERTIFICATION APPLICATION

Application for Certified Sound Coach
Fee: \$65.00/year
Please type or print the following information.

Date:	Name (as it would appear on license):		
Business Name:	Website Address:		
Address:	City:		
State:	Postal Code:	Country:	
Home Phone:	Work Phone:		
Cell Phone:	E-Mail:		

Licenses and Certifications

Licenses and certificates (Please list all related to healing. If necessary, send separate copies / documents):

Please Check or Circle All That Apply

1	I successfully completed an approved Basic Coaching Skills Workshop	Y	N
	Instructor's Name:		
2	I require all of my clients to sign an Informed Consent Form & keep it on file	Y	N
3	I routinely give my clients a copy of my Code of Ethics.	Y	N
4	I have completed 15 CEU of Intermediate & Advanced Workshops	Y	N
5	I have completed/documentated _____hours of my 300-hour internship.	Y	N

PAYMENT

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.

Signature: _____ **Date:** _____