



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 Practitioner
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 have completed an approved course in Professional Practices.	Y	N
2	I have completed an approved course in Professional Ethics	Y	N
3	I have created and use an approved Informed Consent Form	Y	N
4	I successfully completed an approved Basic Coaching Skills Workshop	Y	N
	Instructor's Name:		
5	I require all of my clients to sign an Informed Consent Form	Y	N
6	I have a copy of my Professional Code of Ethics available to the public	Y	N
7	I keep a list of my healing techniques available to those who ask for it	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:** _____

Instructor's Signature _____