

**COMMISSION ON RELIGIOUS COUNSELING & HEALING**  
**Membership and Licensure for**  
**Theocentric Healers and Counselors**

<p><b>APPLICATION FORM</b></p> <p>Completed application &amp; all required documents and fees submitted to:</p>	<p>Date:</p>
<p>Commission on Religious Counseling and Healing          456 Nimick Street          Sharon PA 16146</p>	

Attach one-time application fee of	\$ 50.00
and annual license fee of	\$400.00
Total of	\$450.00

Attach  
Recent  
Photo  
Here

<p>to this application along with copies of all verifications required and any other documents or awards you wish to submit.</p>
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Complete Name, First:	Middle:	Last:
Address:		City:
State/Province:	Zip/Postal Code:	Country:
Home Phone: (    )		Fax: (    )
Cell Phone: (    )		Email:
Social Security Number:	Religion:	(    ) Male    (    ) Female
Date of Birth:	Age:	Marital Status: (    ) S    (    ) M    (    ) D

<b>Professional History</b>		
Name of Organization/Office/Center		
Business Address:		
City:	State/Province:	Zip/Postal Code:
Second Address/ P O Box		
City:	State/Province:	Zip/Postal Code:
Business Phone: (    )		Business Fax: (    )
Business Cell Phone: (    )		Business Email:

Type of Practice:

Describe Therapies/Services Used:

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Number of Years in Practice:

Number of Clients:

Academic History

Name of School	Years Attended	Diploma Received	Date Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been investigated by a lawful authority or arrested for any crime against another person?

Yes

No

If "Yes" , explain:

Registration of Services for Licensure

Please check all applicable services offered by you in your practice that you have been trained to do. The Commission will review these. Those that fall under our canonical parameters will be included under the license issued to you. Those not under our canonical parameters will be addressed in a separate letter in order to resolve the issue(s) pending.

If the service you offer is not listed below, you may add under "other".

<input type="checkbox"/>	Accupressure	<input type="checkbox"/>	Acupuncture	<input type="checkbox"/>	Anointing
<input type="checkbox"/>	Applied Kinesiology	<input type="checkbox"/>	Allergy Elimination (NAET)	<input type="checkbox"/>	Aromatherapy
<input type="checkbox"/>	Audio Therapy	<input type="checkbox"/>	Bioenergetics	<input type="checkbox"/>	Biofeedback
<input type="checkbox"/>	Body-Oriented Psychotherapy	<input type="checkbox"/>	Breathing Therapy	<input type="checkbox"/>	Contact Reflex Analysis (CRA)
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Crane Exercise	<input type="checkbox"/>	Cranio-Sacral Therapy
<input type="checkbox"/>	Enzyme Therapy	<input type="checkbox"/>	Fitness Coaching	<input type="checkbox"/>	Flower Essences
<input type="checkbox"/>	Guided Imagery	<input type="checkbox"/>	Herbal Medicine	<input type="checkbox"/>	Homeopathy
<input type="checkbox"/>	Hypnotherapy	<input type="checkbox"/>	Iridology	<input type="checkbox"/>	Macrobiotics
<input type="checkbox"/>	Massage/Shiatsu	<input type="checkbox"/>	Meditation	<input type="checkbox"/>	Myofacial Release
<input type="checkbox"/>	Nutritional Counseling/Education	<input type="checkbox"/>	Nutritional Supplementation	<input type="checkbox"/>	Prayer Therapy
<input type="checkbox"/>	Qigong	<input type="checkbox"/>	Reiki	<input type="checkbox"/>	Rosen Method
<input type="checkbox"/>	Raindrop Therapy	<input type="checkbox"/>	Shiatsu	<input type="checkbox"/>	T'ai Chi
<input type="checkbox"/>	Touch Healing	<input type="checkbox"/>	Theocentric Oriented Microscopy Analysis	<input type="checkbox"/>	Theocentric Oriented Ozone Hyperthermia
<input type="checkbox"/>	Vibrational / Energy Healing	<input type="checkbox"/>	Yoga	<input type="checkbox"/>	

Other:

Note: Please attach verification of training for all services checked above. If you do not have verification, the Commission may request that you demonstrate competency by another method in order to register it. If you were self-trained you must declare this in a separate letter regarding each service involved, and you must state the manner in which you obtained proficiency.

Attestation of Statements

I attest to the answers in this application document being true to the best of my ability, and that the supporting documents were received by me upon completion of a required training or academic process.

I make this application on my own volition and under no duress. I am the person making this application out and I practice the arts/services listed in the application.

I understand that as a licensed theocentric provider and healer that I place myself under the statutes and regulations of the Commission of Religious Counseling and Healing.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Notary

( Notary Seal)

Given under my hand and official seal this \_\_\_\_\_ Day of (Month) \_\_\_\_\_ ,  
in the year \_\_\_\_\_ .

My Commission expires:  
(Month) \_\_\_\_\_ , (Day) \_\_\_\_\_ , (Year) \_\_\_\_\_ .

<p>_____ Signature of Commission Officer</p> <p>Date:</p>	<p>( ) Approved</p>	<p>( ) Declined</p>
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