



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

CERTIFICATION APPLICATION
Certified Raindrop Practitioner (CRP)
& Licensed Spiritual Healer (LSH)

Those that have completed the first 72 hours (first 11 Requirements) of the CARE Certification Program are eligible to become a Certified Raindrop Practitioner (CRP) under the auspices of the NTCB and may also opt to become a Licensed Spiritual Healer (LSH) under the Federation of Spiritual Healer Licensing Boards (<http://FSHL.com>). To be a LSH, one must also be a CRP. Becoming a LSH, in addition to becoming a CRP, is optional, however, unless you are already licensed in a recognized profession, you will need to be both a CRP 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.

Certified Raindrop Practitioner (CRP) - \$180 (CARE processing fee included.)	Both CRP 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):
Completion of Return Demo (date, location, examining CCI):

I have completed the first 72 hours (first 11 Requirements) of the CARE Certification Program. I am applying for CRP 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