



## APPLICATION FOR SPIRITUAL HEALER LICENSE

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phones \_\_\_\_\_

Email Address \_\_\_\_\_ or \_\_\_\_\_

List any certifications and licenses currently held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, (name to be used on certificate) \_\_\_\_\_ hereby warrant and affirm that I have completed all of the requirements to become a Licensed Spiritual Healer. I am a member of the \_\_\_\_\_ Church.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email to: ach@ fshlb.com (no spaces in email address) or Fax to 888-661-6361 or mail to:

Alliance of Christian Healers License Board  
8417 Oswego Road #131  
Baldwinsville, NY 13027

Enclose your check or money order for \$65.00 USD or CAD or \$35 EURO or pay using the IPX Services (<https://www.ipxservcies.com/fshlb/ach.html>) secure and confidential credit card gateway.