



ALLIANCE OF CHRISTIAN HEALERS

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 or pay using the [IPX Services](#) secure and confidential credit card gateway or list your credit card information here:

Credit Card Number _____ Expiration Date _____

Name on Card _____ Billing Address _____

City/State or Province/Postal Code _____