



# ALLIANCE OF CHRISTIAN HEALERS

## APPLICATION FOR RENEWAL OF 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: Fed.SHLB @ gmail.com (no spaces in email address) or Fax to 828-357-8417 or mail to:

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

Enclose your check or money order for \$45 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 \_\_\_\_\_