



848 N. Rainbow Blvd., Box 2500, Las Vegas, NV 89107 • 800-710-1539 ext.1 (phone & fax) • info@ntcb.org

CERTIFICATION APPLICATION

**Certified Quantum Homeopath Coach
for IQUM Graduates**

Fee: \$65 per year for one certificate.
Renewal fee is \$65.

Please complete 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 degrees and subjects attained (Please list all. If necessary, send separate copies/documents):
Licenses and certificates (Please list all. If necessary, send separate copies/documents):
Experiences and service (Please list all. If necessary, send separate copies/documents):
Please answer all questions on Page 2.

Credit Card Information

Fees may be paid by mailing a U.S. check, Bank Money Order or paying by credit card on-line at <http://ntcb.org/apply.html>. Applicants may e-mail - info@ntcb.org, fax – 800-710-1539 ext.1 (phone & fax) or mail your applications to 848 N. Rainbow Blvd., Box 2500, Las Vegas, NV 89107. Certificates are issued once information and payment are verified. Please allow 4-6 weeks for processing.

Signature: _____



Natural Therapies Certification Board

848 N. Rainbow Blvd., Box 2500, Las Vegas, NV 89107 • 800-710-1539 ext.1 (phone & fax) • info@ntcb.org

CERTIFICATION APPLICATION – Page 2

Please answer the following questions.

1. I have completed all the required IQUM Video Courses.	Y or N
2. I have completed all the required IQUM Textbook Courses.	Y or N
3. I have completed an Anatomy & Physiology Course	Y or N
4. I have completed an approved course in Professional Ethics.	Y or N
5. I have completed an approved course in Professional Practices	Y or N
6. I have created and use an approved Informed Consent Form	Y or N
7. I have successfully completed the Basic Skills Coaching Workshop Name of instructor: _____	Y or N
8. I routinely discuss my Informed Consent Form with my clients and give them a copy.	Y or N
9. I routinely require my clients to sign an Informed Consent Form and keep it on file.	Y or N
10. I routinely give my clients a copy of my Code of Ethics.	Y or N
11. I have attached my certificates of completion with this application and paid my fees online or by mail	Y or N
Signature: _____ Date: _____	