



Natural Therapies Certification Board

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CERTIFICATION APPLICATION

Certified Raindrop Technique Specialist (CRTS) & 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 Technique Specialist (CRTS) 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 CRTS. Becoming a LSH, in addition to becoming a CRTS, is optional, however, unless you are already licensed in a recognized profession, you will need to be both a CRTS 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 Technique Specialist (CRP) - \$180 (CARE processing fee included.)	<input type="checkbox"/>	Both CRP and LSH - \$260 (CARE processing fee included.)	<input type="checkbox"/>
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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