



# 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

### Board Certified Raindrop Specialist (BCRS)

**Fee: \$65/year**

Certified CARE Instructors (CCIs) are eligible to become a Board Certified Raindrop Specialist (BCRS) under the auspices of the NTCB and may also opt to become a Licensed Spiritual Healer (LSH) under the Federation of Spiritual Healer Licensing (<http://FSHL.com>). To be a LSH, one must also be a BCRS. Becoming a LSH, in addition to becoming a BCRS, is optional, however, unless you are already licensed in a recognized profession, you will need to be both a BCRS and LSH to practice legally in all 50 States of the U.S. and 10 Provinces of Canada.

#### 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 - CARE Certification (date of CCI Certificate):			
• I have Completed the Basic Coaching Skills Workshop ( <i>Name of Instructor</i> ):	Y	N	
• I have completed the Aromatherapy Coach Intensive Paradigm Workshop ( <i>Name of Instructor</i> ):	Y	N	
• I have completed an Anatomy & Physiology Course (please provide documentation)	Y	N	
• I routinely require my clients to sign an Informed Consent form & keep a copy on file.	Y	N	

As a Certified CARE Instructor (CCI), I am applying for BCRS certification 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: _____

#### Payment 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 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 weeks for processing.

Method of Payment: \_\_\_\_\_ On-Line      \_\_\_\_\_ Mailed in my check/money order