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RCERTIFICATION APPLICATION

Alternative Healthcare Practitioner (CAHP) or Natural Therapies Practitioner (CNTP)

Fees: € 75 per year – Please check only one
Please type or print the following information.

Cert. Alternative Healthcare Practitioner		Cert. Natural Therapies Practitioner	
Cert. Alternative Healthcare Coach		Cert. Natural Therapies Coach	
Date:	Name (as it would appear on certificate):		
Business Name:			
Address:		City:	
State:	Postal Code:	Country:	
Home Phone:		Work Phone:	
Cell Phone:		E-Mail:	

Degree and Experience

Highest degree attained (degree and subject):	
Licenses and certificates (Please list all. If necessary, continue on back):	State / Prov/ License #

1	I have completed 10 CEU in biofeedback or neurofeedback theory, clinical skills, protocols or research, coaching or professional ethics courses, home study, internet courses	Y	N
2	I have completed 10 CEU in healthcare, alternative healthcare or self-improvement courses in order to improve the clinical skills and business practices	Y	N
3	I routinely require my clients to sign an informed consent form and I keep a copy on file.	Y	N
4	I routinely discuss my informed consent form with my clients and I give my clients a copy of this form.	Y	N

Payment Information

Fees may be paid directly to the German Banking Account:

NTCB EU Irene Fladrich-Schilling
BIC GENODE51GG1
IBAN DE43508925000004555627
Reference Certificate NTCBEU / YOUR NAME

Gross Gerauer Volksbank,
Am Sandböhl 5 - 15
D 64521 Gross Gerau

Signature: _____