



SomaEnergetics Spiritual Healer License Application

(Name and address information will appear on license)

Name (As it should appear on license) _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Main Phone _____ Alternate (Cell) _____

Email _____ Web address _____

Healing Techniques you will be using under this license:

Licenses and Certifications you currently hold related to healing:

Send copies of all licenses and certifications to SSHLB

1) Email scanned or electronic copies to shlc@sshlb.com OR

2) Fax copies to 800-480-0763

Questions? Contact Tim Leach at SSHLB: 501-622-3155