



| License Application Fee: \$75 per license for one year We recommend only one license per person Please type or print the following information. | | | |
|---|---------------------------------------|-----------------|--------------------------|
| Date: | Name (as it would appear on license): | | |
| Business Name: | | | |
| Address: | | | City: |
| State: | Postal Code: | | Country: |
| Home Phone: | | Work Phone: | |
| Cell Phone: | | E-Mail: | |
| Type of License | | | |
| Please check each type of license requested (the cost is \$75 per license). | | | |
| Acupressure | <input type="checkbox"/> | Aromatherapy | <input type="checkbox"/> |
| Areas of Expertise | | | |
| Detoxification | <input type="checkbox"/> | Pain Management | <input type="checkbox"/> |
| Quality of Life | <input type="checkbox"/> | Rejuvenation | <input type="checkbox"/> |
| Education | | | |
| Please provide the following documentation: <i>highest degree attained, list of all licenses held, list of all healthcare certifications</i> (attach copies of relevant documents) | | | |
| Applicants must include a current copy of: <ul style="list-style-type: none"> • BCIA, DCB, HCB, NCB, NNCB or NTCB coach, specialist or therapist certification(s) • naturopath degree documentation for a naturopathy license • homeopath credentials documentation for a homeopathy license • credentials / documentation supporting any other area of expertise • signed and completed application form (must be legible) • license fee of \$75 per license • copy of valid current driver's license | | | |
| Payment Information | | | |
| Fees may be paid by check or credit card. Applicants may email tlcta@bluejay.net, fax (888-661-6361) or mail this application to TLCTA, 8417 Oswego Rd #131, Baldwinsville, NY 13027. | | | |
| <input type="checkbox"/> I verify I am enclosing my check or money order in the amount of \$75.00 with this application. | | | |
| <input type="checkbox"/> I verify I have paid by credit card using the IPX – Natural Therapies secure gateway. | | | |
| Signature and date: _____ | | | |