



# Application for Quantum Healer License

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

Country \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Web Site: \_\_\_\_\_

Date of Birth [M/D/Y] \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Profession/Occupation \_\_\_\_\_

Exact Name & Titles to Print on License \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ I enclose a copy of the healing techniques I use with this application.

\_\_\_\_\_ I enclose a copy of my informed consent form with this application.

\_\_\_\_\_ I enclose a copy of my healing mission statement with this application.

\_\_\_\_\_ I enclose a list of all my licenses and certifications related to healing.

I enclose my \$70 check or I affirm I paid by credit card \_\_\_\_\_yes \_\_\_\_\_no

I completed the required course in Quantum Healer Coach Program. \_\_\_\_\_yes \_\_\_\_\_no

I completed all the required Video Courses from the QHL Program. \_\_\_\_\_yes \_\_\_\_\_no

I require all my clients to sign my informed consent form. \_\_\_\_\_yes \_\_\_\_\_no

Signature \_\_\_\_\_ Date [MM/DD/YYYY] \_\_\_\_\_

**Mail Check and Application to:**  
FSLB - QHLB  
8417 Oswego Road #131  
Baldwinsville, NY 13027  
Email Us at: [info@licensedquantumhealer.com](mailto:info@licensedquantumhealer.com)

**Make check or money order for \$70, USD payable to:**  
FSLB - QHLB

Applicants may also pay the license Fee by credit card over the IPX Services secure and confidential credit card gateway.