



# Quantum Healer Licensing Board

for  
Licensed Quantum Healer™

## Renewal of 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 \_\_\_\_\_

Current License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Check only if you have made any changes or additions to the following:

- \_\_\_\_\_ 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 \$60 check or I affirm I paid by credit card \_\_\_\_\_yes \_\_\_\_\_no
- I practiced as a quantum healer this past year \_\_\_\_\_yes \_\_\_\_\_no
- I intend to practice as a quantum healer this year \_\_\_\_\_yes \_\_\_\_\_no
- I require all my clients to sign my informed consent form. \_\_\_\_\_yes \_\_\_\_\_no

Signature \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

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

**Make check or money order for \$60, USD payable to:**  
**FSHLB - QHLB**

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