

SPIRITUAL HEALER APPLICATION

The National Spiritual Alliance of the U.S.A., Inc.

Applicant's Name _____

Address _____

City, State, Zip _____

Phone _____

E-mail, webpage _____

Church Affiliation _____

Church City, State _____ *Member yrs.* _____

List Spiritual Healing Courses _____
With copies of certificates _____

Are you Reiki certified? Yes _____ No _____
If yes, attach copy of certificate
If no, attach at least (3) healing affidavits.

List other Healing Certifications _____
Attach copies of certificates _____

Have you viewed the TNSA
Approved healing videos? Yes _____ No _____

What is your reason for wanting to become a TNSA certified Spiritual Healer?

APPLICANT AFFIRMATION

Trusting you will find me qualified to perform the duties of a Certified Spiritual Healer in accordance with the standards of the National Spiritual Alliance (TNSA), I hereby pledge to be true and faithful to my duty in the capacity of Spiritual Healer and to labor faithfully in the interest and purposes of TNSA. I further pledge to faithfully follow TNSA healing protocols of limiting hands-on positions to the areas of the head and shoulders. I promise that in the event of severance of connection with TNSA, or recall of my credentials, I will return my TNSA Spiritual Healer card.

Applicant Signature

Date

All applicable certificates and credentials attached? Yes _____ No _____

Annual Certificate Fee enclosed? Yes _____ No _____

Approved by TNSA or Chartered Church Board of Directors?

Yes _____ No _____ Date _____

TNSA Secretary's Signature _____ Date: _____