



Application for Certification as Professional NLP Practitioner

Complete the required information and attach any required supplemental information. Sign and date this application and return to our office with any additional information requested.

Name (as you want it displayed on your certificate):

Address:

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

List your highest academic degree:

University Name: _____ Year of Graduation: _____

List your professional license(s):

Type: _____ State: _____

Type: _____ State: _____

Have you ever been convicted of a felony? Yes No (If yes, attach full explanation.)

Have you ever had a professional license or certification revoked, suspended, or denied in any state or by any certification board? Yes No (If yes, attach full explanation.) Please attach documentation of the required continuing education hours completed, including final project and book reports if required.

If you have completed some of the required coursework prior to now, a photocopy/scan of the CEU certificates for each course should be attached.

If you are returning completed coursework and this application at the same time, please send them all together in one envelope or file that you are scanning.

I certify the information contained above is true and accurate. I am applying to receive recognition as a Certified Professional NLP Practitioner. I understand that this certification recognizes specialized training in the required subject matter and does not provide the authority to offer client services apart from the existing licensing requirements or my state. I agree to practice within the scope of my licensure and training and provide client services consistent with the ethical standards of my respective professional designation.

Signature: _____ Date: _____

SCAN YOUR DOCUMENTS AND INCLUDE A PICTURE ID

RETURN THESE ITEMS TO:

richard@subliminalscience.com

PHYSICAL ADDRESS:

Peachtree Professional Education, Inc.

International Certification Board of Clinical Hypnotherapists

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Scottsdale, AZ 85260

Phone: 702-418-3332