

# NATIONAL ASSOCIATION FOR ESOTERIC HEALING<sup>SM</sup>

## Application for Practitioner Certification

Due by June 1<sup>st</sup>



Phone: 517.898.0271

Email: [info@naehonline.org](mailto:info@naehonline.org)

*Updated 9/14/2021*

Click on the gray box and fill in your information. Boxes will expand as you type in your information.



# National Association for Esoteric Healing<sup>SM</sup>

Please Note: All information in this application is shared only with the members of the certification committee and is otherwise considered confidential.

Date:

Name:

Birthdate:

Address:

City:

State:

Zip Code:

Phone #'s: Business:

Home:

Cell:

E-mail:

Occupation/Profession:

Other Certifications:

Other Licensure:

## **Esoteric Healing Class Documentation**

Please include copy of attendance certificates from each Part 1-4 Class attended. If you did not receive one, please contact your NAEH/INEH instructor for written verification. This is to include your name, instructor's name, level of NAEH/INEH course, dates, location, and instructor's signature.

## **I. PERSONAL INFORMATION**

- A. Please comment on your general physical and mental (emotional) health, noting any chronic conditions.
  
- B. Have you been in mental health counseling or psychotherapy? Are you currently in therapy? If yes, please describe your diagnosis and treatment including frequency.
  
- C. What is your attitude towards smoking, alcohol use, and use of "street drugs"? Please comment.
  
- D. Have you been convicted of breaking the law, in any country? Please explain.

## **II. Esoteric Healing Practice**

### A. Describe:

1. How many people or animals do you balance on average per week?
2. How long are your Esoteric Healing sessions?
3. Of this weekly average, how many are absentee sessions and how many are with individual present?
4. How do you receive/give pre and post session information? Telephone, email, text, in person, other?

## **III. Meditation Practice**

- A. How often do you meditate per week?
- B. How long (e.g. weeks, years) have you been meditating?
- C. Describe your usual meditation practice/prayer time.
- D. How have you benefited from your meditation practice?

## **IV. Spiritual Study**

- A. What spiritual or metaphysical books, media, seminars, workshops have been most inspiring/life changing for you? Please explain why?
  - In numbers 1-5 please list by title and author (in order of helpfulness to you) the books that have most influenced you. Please include a minimum of one Alice Bailey book. Briefly describe the focus of each book and how it influenced you in the spaces provided.
  - Numbers 6-8 you may continue listing your inspirational books or you may include media, or workshops.

1.

2.

3.

4.

5.

6.

7.

8.

B. Other information/experiences you would like to share regarding your spiritual growth?

## **V. Service**

1. Why are you applying for certification as an Esoteric Healing Practitioner in the NAEH?
2. How do you intend to use the NAEH certification?
3. What do you feel is your greatest strength or quality as an Esoteric Healing Practitioner? Briefly describe.

4. What area(s) would you like to improve in yourself as an Esoteric Healing Practitioner? Briefly describe.
  
5. Describe how you are a member of the “New Group of World Servers”, i.e. how you can help anchor the principles of Esoteric Healing through your strengths, work, and service?

**VI. What gives you the greatest joy in your life?** Briefly describe. (No right or wrong answer)

Required Section (plus, inclusion of application fee)

\* I promise that all answers in this application are honest and truthful to the best of my understanding and ability, and I am a Professional Member of the NAEH.

The NAEH Certification Program is designed to provide Esoteric Healing practitioners with a credible, verifiable process to professionalize and standardize the field of Esoteric Healing and their practice in this field. I understand that this Certification is a process that measures, evaluates, and confirms one’s knowledge, technical understanding and skillful use of knowledge, basic philosophy and practice as it applies to Esoteric Healing.

I understand that I need to have access to Word program (or an equivalent program), Zoom, email and phone (or texting) in order to complete assignments as well as be able to communicate with my Advisor of the Certification program.

Digital Signature

Date

\*Typing your name in the Digital Signature box indicates that you agree to the above statement.

\$100 Application fee paid: (non-refundable)

Online through NAEH website on (date)

Check enclosed made payable to NAEH and in memo write “Certification Application



## NAEH CERTIFIED PRACTITIONER

### Ethics Statement & Agreement

- 1) I shall also abide by the Code of Ethics as a recognized Professional Member of the National Association for Esoteric Healing.
- 2) As a Certified Practitioner of Esoteric Healing<sup>SM</sup> I agree to abide by the following Codes and Standards as set forth in the Spirit of support and protection of the Esoteric Healing profession and the highest good for All.
- 3) I shall honor and value the experiences of all people for the life lessons of their chosen path.
- 4) I shall always align and attune with Source and the client's Soul asking for healing to be according to the will of the Soul and acknowledge the Soul's permission before commencing with any Esoteric Healing session.
- 5) I shall act with integrity and respect and protect the rights of my clients and I shall keep all Esoteric Healing sessions and information confidential.
- 6) I shall allow balance to occur without force or expectation.
- 7) I acknowledge that the Spiritual Source is responsible for healing.
- 8) I shall not give medical advice or a medical diagnosis. I will encourage clients to seek medical care.
- 9) I shall refrain from promoting, encouraging, or accepting any sexual advances.
- 10) I shall refrain from encouraging gifts from clients.
- 11) I shall provide a safe and respectful environment while giving an Esoteric Healing session whether in person or absentee.
- 12) I shall support my Esoteric Healing colleagues in their ability to provide an optimal practice of Esoteric Healing. My duty is to respectfully bring any ethical issues to my colleague's awareness. If I feel appropriate action has not been taken, I will then seek additional support for my colleague from an Advisor for the Certification Process.
- 13) If I feel I am no longer able to abide by these Codes and Standards, I will notify an NAEH Advisor for the Certification Process to either request assistance to comply with the Codes and Standards, or I will voluntarily resign my Certification.
- 14) I shall demonstrate professional excellence through regular self-assessment of strengths, limitations, and effectiveness and I agree to perform all aspects of Esoteric Healing that reflect distinction as a Certified Practitioner of Esoteric Healing.
- 15) I declare that I am in good standing according to the laws of the land.

\*\*Digital Signature                      Date

\*\*Typing your name in the Digital Signature box indicates your agreement to this NAEH Certified Practitioner Ethics Statement and Agreement.

## **EMAIL LIST**

It has been helpful for the candidates of the NAEH Certification process to have each other's email address for communication and sharing. This list is shared with other current NAEH candidates for certification. Please indicate your choice by checking selection below. You may change your mind at any time during the process by notifying your ACP or the NAEH Office Support Specialists at 517.898.0271 or by email at [info@naehonline.org](mailto:info@naehonline.org).

\*\*\*Yes, I want to be on the e-mail list of NAEH Certification Candidates.

\*\*\*No, I do not want to be on the email list of NAEH Certification Candidates at this time.

Digital Signature                  Date

\*\*\*Typing your name in the Digital Signature box indicates your approval to either Yes or No for the email list of NAEH Certification Candidates.

# Communication Guidelines and Expectations For Candidates with Assigned ACP

Your Advisor of the Certification Process (ACP) is a member of the Certification Committee assigned to work with you for the duration of your certification process.

Your ACP:

- Is a Certified Practitioner of Esoteric Healing<sup>SM</sup>.
- Has been through and understands the certification process.
- Works in conjunction with the Certification Committee. Your ACP may want to discuss questions or issues that come up regarding your certification process with the Committee for a broader perspective.
- Will not provide you with answers to test questions; however, they will provide guidance by directing you to various resources.

## ACP Responsibilities

1. Present written and verbal communications with their candidates, intending the best and highest good.
2. Maintain a complete certification file for their candidate(s) that is to include all correspondence and communication between the ACP and candidate during the certification process. This includes all required Part 1, 2 and 3 documents, written documentation of telephone conversations, and all other forms of communication (e.g. e-mail and text) occurring during the certification process.
3. ACPs are to assist their assigned candidate with guidance through the certification process if needed or requested by the candidate.
4. Respond to candidates within a reasonable time period.

## Candidate Responsibilities

1. Candidates are expected to demonstrate professional and ethical behaviors and communication when dealing with their ACP and fellow candidates as outlined in their signed ethic statements for the NAEH and the certification application (refer to the ethics statements in the Program Handbook).
2. Recognize that observing, listening, acting, and viewing mistakes and missteps are an ordinary part of one's growth and development—remembering that the journey of learning continues on past Esoteric Healing classes and certification.
3. Candidates are encouraged to contact their assigned ACP with any questions regarding the process.
4. Keep track of timelines for submitted information.
5. Respond to their Advisor for the Certification Process within a reasonable time period.

## Communication Difficulties

On the rare occasion that an ACP and candidate encounter communication difficulties, both are encouraged to view this as an opportunity to learn, grow, and expand their communication skills. The ACP and candidate are encouraged to utilize the following tools as an effort to minimize communication difficulties:

- Align and Attune with each other asking that all communication be for the highest good.
- Listen to one another with mutual respect.
- Seek to understand the other's point of view.
- Seek the strengths in each other.
- Identify specific situations and present possible solutions.
- Both have a sacred responsibility to communicate information in a manner that is helpful, kind, and respectful.

In the event that communication difficulties are not able to be resolved, then by mutual agreement of the ACP and candidate – refer to the grievance process.

\*\* I have read, understand, and agree to all of the above Communication Guidelines and Expectations.

Digital Signature

Date

\* Typing your name in the Digital Signature box indicates that you agree to the above statement.



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**NOTE:** Email one entirely completed copy of your digitally signed online application and all requested attachments to the Certification Chairperson listed at the bottom of this page.

## **Application Check-Off Sheet**

1.  You are a Professional Member of the NAEH.
2.  You have read the current Certification Handbook.
3.  Application completely filled out and digitally signed where indicated.
4.  Include a recent photo of yourself with name and date of birth on the photo.
5.  Copies of attendance certificates for NAEH/INEH Esoteric Healing Courses 1-4.
6.  **Signed** Ethics Statement and Agreement.
7.  **Signed** permission to share or not share your email with other candidates.
8.  **Signed** Communications Guidelines and Expectations.
9.  **Keep a copy of the entirely completed application information and all attachments for your records.**
10.  Application fee (non-refundable):
  - \$100.00 – Paid through the NAEH website, or
  - \$100.00 -- paid by check to NAEH, marked “certification application”  
(Email [info@naehonline.org](mailto:info@naehonline.org) for instructions for mailing a check.)

**All contents of this application are due by June 1<sup>st</sup>.**

**EMAIL:** The entirely completed application plus your photo and attendance certificates to:

Lyn Ludwig, CPEH  
Certification Committee Chairperson  
Email: [Lyn\\_Ludwig@yahoo.com](mailto:Lyn_Ludwig@yahoo.com)