



Application for Spiritual Healer License

Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Country: _____

Phones: _____

Email: _____

Check all that apply (required)

_____ I have enclosed a copy of my Bowenology Practitioner Certificate of Completion (required)

_____ I have enclosed a copy of the healing techniques I use in my healing business.

_____ I have enclosed a list of all my licenses and certifications related to healing.

_____ I have enclosed my \$65.00 check or money order (first application)

_____ I have enclosed my \$55.00 check or money order (renewal)

Signature _____ Date: _____

Mail to:
Bowenology License Board
P.O. Box 322
Cool, CA 95614
530-888-7263