

3516 South Broad Place \* Huntsville, AL \* 35805  
256-536-9402

**Application:  
EFT (Emotional Freedom Technique)  
Certification**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widow  
Spouse's Name: \_\_\_\_\_

**EDUCATION**

Last Grade Completed \_\_\_\_\_ Degree or Certificate: \_\_\_\_\_

School: \_\_\_\_\_

**EXPERIENCE IN MINISTRY OR THERAPEUTIC PRACTICE**

On a separate sheet of paper, please provide a complete resume, in chronological order, starting from present to past. Be sure to provide names and numbers of all ministry supervisors and reason for leaving positions. In what area of ministry or therapeutic practice do you desire to serve?

Are you currently active? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Saved: \_\_\_\_\_ Baptized in Holy Spirit: \_\_\_\_\_

## CREDENTIALIALS

Do you currently hold any ministerial or professional credentials?

\_\_\_\_\_  
Name of Organization: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Have you ever had your license revoked for any reason? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## GOALS

On a separate sheet of paper, please explain how you will use EFT in your practice/ministry.

Do your other credentials allow you, in your state, to use these tools in working with others?  yes  no  not sure

I have read, signed and agree to comply with the Ethics Agreement.

yes  no

## AGREEMENT

*Certification in EFT Level 1 only serves to certify that I have completed the training. It does not by intention or implication make any statement of my competency to utilize the material presented, nor does it provide any legal right to application of these tools and resources beyond that which I am allowed by my state. In signing this application I agree to abide by all state laws. Impact Ministries, James B. Richards, J.B Richards Research, nor any staff member is in any liable for my use of this material and they shall be held harmless individually and corporately of any liability incurred by the use of this material beyond that allowed by my state.*

\_\_\_\_\_  
Applicant's Signature

**Approved:** \_\_\_\_\_

**If no, please state reason:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date