



FSHLB – FME, 8417 Oswego Road #131  
Balwinsville, NY 13027  
888-661-6361

APPLICATION FOR ESSENE SPIRITUAL HEALER LICENSE

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

List any certifications and licenses currently held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, (name to be used on certificate) \_\_\_\_\_ hereby warrant and affirm that I have completed the requirements to become a Licensed Essene Spiritual Healer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please enclose your check or money order in the amount of \$65 US or pay online using the secure and confidential credit card gateway provided by [IPX-Natural Therapies](#) for the benefit of the Fellowship of Modern Essenes. You may Fax this application to 888-6616361 or mail it to: FME-FSHLB, 8417 Oswego Rd #131, Baldwinsville, NY 13027. You may also send it as an attachment to [fme@fshlb.com](mailto:fme@fshlb.com)