



Sacred Garden Fellowship
Application for Spiritual Energy Healing Certification Program

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please attach a summary (250-word minimum) reflecting on your interest in being a spiritual energy healer, your spiritual and healing study to date, how you intend to use what you learn in the Program, and how you heard about Sacred Garden Fellowship and this Program.

Please send this application, the \$35 application fee made out to Sacred Garden Fellowship, and your summary to:

Sacred Garden Fellowship
c/o Adriene Nicastro-Santos, Board Secretary
108 Cherrywood Road
Port Matilda, PA 16870

I certify that my answers are true and complete to the best of my knowledge. I understand that my application is not complete until I submit the required summary and pay the application fee of \$35.

I acknowledge that by signing below, I have read, understood, and agree to abide by the Sacred Garden Fellowship Certified Spiritual Energy Healer's Code of Ethics/Standards of Practice (Code) and the requirements of the Sacred Garden Fellowship Spiritual Energy Healing Certification Program (Program). I recognize that any violation of the Code will result in immediate termination of my enrollment in the Program.

Signature: _____ Date: _____

For office use only:

Date \$35 application fee paid: _____ Date accepted into Program: _____

Date certified: _____ SGF Board representative: _____