



**CERTIFIED PRACTITIONER
APPLICATION FORM**

United States

Name as you would like it on your practitioner's certificate (please print) :

Address _____

city _____ state _____ country **USA** postal code _____

Home phone _____ **Cell phone** _____

Email _____

Your Professional Website _____

Contact info you want made public on the EA website: *(circle all that apply)*

your street address including city and state your city and state only phone only

email only _____

REQUIREMENTS COMPLETED:

or

☐ EnergyALIVE® **PHASE 1 CERTIFICATE (s)**

☐ EnergyALIVE® **6- OR 9-DAY CLASS**

☐ EnergyALIVE® **PHASE 2 CERTIFICATE (s)**

or

☐ EnergyALIVE® **6- MONTH CLASS**

☐ EnergyALIVE® **PHASE 3 CERTIFICATE (s)**

☐ **Documentation for 75 hours of practice** (40 hours MUST be on yourself)

☐ **Signed Code of Ethics Agreement**

☐ **Schedule final exam**

☐ **Certification Fee (one time payment)**

Energy ALIVE, Inc.

Henri Rand Furgiuele, founder

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