



Application for a Reiki License

Name _____

Address _____

City/State/Country/Zip _____

Telephones _____

Cell phones _____

E-Mail _____

_____ I enclose a copy of the healing techniques I use with this application.

_____ I enclose a copy of my informed consent form with this application.

_____ I enclose a copy of my healing mission statement with this application.

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

I have completed the Empowering Reiki Workshop: Yes _____ No _____

I have completed the Reiki Professional Ethics course: Yes _____ No _____

I have completed the Reiki Basic Coaching Workshop: Yes _____ No _____

Fill out form, enclose a \$65 for a new license fee and mail to:

**FSHLB - Reiki License Commission
8417 Oswego Rd. #131
Baldwinsville, NY 13027**

Or email to rlc@fshlb.com -or- Fax application to 888-661-6361

You may also use the [IPX Services credit card gateway](#) for secure and confidential payment by credit card. Call us at 800-710-1539 extension #3 if you have any questions or concerns.