

HEALER COMMISSION APPLICATION



National Spiritualist Association of Churches

Applicant name _____

Residence address _____

City, state, zip _____

Phone, email _____

Church affiliation _____

Church city, state _____

Membership here
(years) _____

Former church affiliation _____

Former church city, state _____

Membership here
(years) _____

PHASE(S) OF HEALING FOR WHICH APPLYING

	PRINCIPAL PHASE OF YOUR HEALING	CREDENTIALS CURRENTLY HELD <input type="checkbox"/> OM <input type="checkbox"/> LM <input type="checkbox"/> CM <input type="checkbox"/> NST
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DO YOU

Give sermons? Yes No Give Spirit Messages? Yes No Provide Spiritual Healing? Yes No

REASON FOR WANTING TO BECOME A COMMISSIONED SPIRITUALIST HEALER *(continue on reverse if needed)*

Is healing part of your primary source of livelihood? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, EXPLAIN
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DO YOU ADVERTISE <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, ATTACH <input type="checkbox"/> Copy of print ads	WEBSITE ADDRESS	Do you fully accept the NSAC Declaration of Principles? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you believe that your innate ability is a sacred trust which should be used only for the good of humanity, and do you promise to use it in this manner at all times? Yes No

Have you ever been convicted of a felony? *(Misrepresentation of any information in this question is grounds for denial or revocation of certificates.)* Yes No

Do you understand and subscribe to the NSAC Code of Ethics? *(Obtain from church secretary or NSAC.)* Yes No

APPLICANT AFFIRMATION

Trusting you will find me qualified to perform the duties of a Commissioned Spiritualist Healer in accordance with the standards of the National Spiritualist Association of Churches (NSAC), I hereby pledge to be true and faithful to my duty in the capacity of Spiritualist Healer and to labor faithfully in the interest and purposes of the Association. I will not work with or for any society, church, or organization which is known to be antagonistic to or opposing NSAC or its auxiliaries. I promise that in the event of severance of connection with this Association, or recall of my credentials, I will return all certificates held by me.

PRINTED NAME	SIGNATURE	DATE SIGNED
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INSTRUCTIONS

Fully complete this side and first line of reverse. Submit signed application to your church secretary. Application must be accompanied by documents listed below.

- Attached 1. Copy of Certificate of Completion from recognized NSAC-approved Educational Program for this credential.
- Attached 2. Copy of the correspondence stating the grade-point average for the Educational Program.
- Attached 3. Six or more healer affidavits signed and witnessed.
- Attached 4. Application fee, payable to your church.

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APPLICANT NAME	CHURCH AFFILIATION
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CHURCH RECOMMENDATION

This applicant is hereby endorsed and recommended as being worthy and well qualified for examination by NSAC for commission as a Spiritualist Healer.

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> <tr><td style="height: 15px;"> </td></tr> </table>					PRESIDENT <i>(signature)</i>	DATE SIGNED
RECORDED IN MEETING MINUTES <i>(meeting date)</i>	SECRETARY <i>(signature)</i>	DATE SIGNED				

STATE ASSOCIATION ENDORSEMENT *(when applicable)*

This applicant is endorsed and recommended as being worthy and well qualified for examination by NSAC for commission as a Spiritualist Healer, and has complied with requirements of NSAC and this state association.

STATE	PRESIDENT <i>(signature)</i>	DATE SIGNED
RECORDED IN MEETING MINUTES <i>(meeting date)</i>	SECRETARY <i>(signature)</i>	DATE SIGNED

NSAC RECORD OF ACTION

EXAMINATION DATE	EXAMINATION LOCATION	EXAMINATION RESULTS <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
DATE OF ACTION BY NSAC TRUSTEES	SECRETARY <i>(signature)</i>	DATE SIGNED