



UNITED METHODIST CHURCHES

EDUCATION COMMITTEE

HEALER APPLICATION CERTIFICATION FORM

Name _____ Phone (h) _____
Address _____
City _____ State _____ Zip _____
Member Church _____ Date Joined Member Church _____

You must be a member in good standing for a minimum of **one** year before applying for the Certificate of Spiritual Healing.

Please answer all questions thoroughly, using additional sheets when necessary.

1. Describe your healing methods

2. How long have you studied and worked with healing?

3. Please list courses, dates and credits completed (External to UMC)

4. Do you call upon your spirit guides? Yes ____ No ____ Can you name them? Yes ____ No ____

If so, give their names and methods they recommend:

5. Do you attest that you shall always endeavor to prepare yourself by praying and meditating to attract higher entities and obtain their assistance? Yes ____ No ____ Explain.

6. Do you attest that as a certified Spiritual Healer of the **United Metaphysical Churches**, you shall not in any way, nor under any circumstances, diagnose or prescribe, and shall never touch or lay hands upon a person without asking his/her permission, and in no event shall you do so if such action is contrary to local laws? Yes ____ No ____
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7. Are you aware of the laws of your state and locality relative to healing and do you hereby agree to comply with those laws? Yes ____ No ____
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8. Six (6) original notarized letters of recommendation giving testimony to your healing ability must accompany this application.

I attest that all the information I have presented is true and that I am a believer in the religion of Divine Metaphysics. I will, to the best of my ability, labor to promote, support and advance the religion of Divine Metaphysics as exemplified by the United Metaphysical Churches and strive to maintain integrity. I shall conduct myself in such a manner to reflect positively upon the religion of Divine Metaphysics and I will abide by the Constitution and Bylaws of the United Metaphysical Churches.

Date _____ Signature _____

Due Diligence: Official FBI fingerprint and background check to be completed by student 6 months prior to certification.

Application fee \$25. Make checks payable to: United Metaphysical Churches and return to the address above. Include Attn: **Education Committee in the address.**

For UMC Education Committee Use Only

Date Ed/C Received Application for Healing _____

Payment Received _____ Check Number _____

Examination Date: _____ Grade _____

Associate Licentiate Certification Recommendation: Favorable Unfavorable

Comments:

Ed/C Chairperson Signature _____

Associate Licentiate Certificate Sent Date _____ Ed/C Initials _____



UNITED METAPHYSICAL CHURCHES

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Unitedmeta.org