



UNITED METAPHYSICAL CHURCHES

EDUCATION COMMITTEE

INTUITIVE PRACTITIONER APPLICATION FORM

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

You must complete all courses and be tested by a National Board Committee before applying to be an Intuitive Practitioner.

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

1. State the phase(s) of mediumship you possess.

2. How long have you been a medium?

3. Do you give messages from the platform? Yes ____ No ____ Explain.

4. Do you give private readings? Yes ____ No ____ Explain.

5. Do you advertise as a medium? Yes ____ No ____ If so, please attach a copy of your ad to this application.

6. Do you know the laws governing mediumship in your locality and that you are not a fortune teller?

Yes ____ No ____ State the difference

7. Will you swear to hold client confidentiality as a sacred inviolate trust? Yes ____ No ____

8. Will you be cautious and judicious with your advice in the marital affairs of your clients? Yes ____
No ____

9. Do you speak under spirit control, in trance, or by inspiration? _____
Explain _____

10. Provide a short statement as to what Divine Metaphysics means to you.

11. Do you feel competent to meet the opponents of Divine Metaphysics in oral public debate or in the press? Yes ____ No ____ If not, what plan of action do you intend to follow to feel competent?

12. Do you uphold the opposition of this Association to the use of, or recommendation to clients of, talismans, tokens, or charms? Yes ____ No ____

13. Describe how you serve your local church with your mediumship.

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 its integrity. I shall conduct myself in such a manner as 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 Associate Licentiate _____

Payment Received _____ Check Number _____

Examination Date: _____ Grade _____

Associate Licentiate Certification Recommendation: Favorable Unfavorable

Comments: _____

Ed/C Chairperson Signature _____

Deacon Certificate Sent Date _____ Ed/C Initials _____



UNITED METAPHYSICAL CHURCHES

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Unitedmeta.org