ECP Therapists Credentialing International

ETCI

1500 Sunday Drive, Suite 102, Raleigh, NC 27607 ♥ Phone: 919-863-9481
Email: info@ietonline.com

CET ~ Certification Renewal ~ 2009

Personal: *(Please print all information)*

Name: _____ _____ _____
First Int. Last

Address: _____

City: _____ State:_____ Zip:_____ Country:_____

Home phone number: _____

Email: _____

IETA member: Yes ☐ No ☐

If yes, IETA membership number: _____

ECP Therapy Experience:

System used at ECP site----------

Years of experience with ECP therapy: _____

Still practicing ECP: Yes ☐ No ☐

ECP treatment center of current employment: *ETCI reserves the right to verify employment*

Name of center: _____Phone:_____

Address: _____

Make checks payable to ETCI

♥Renewal fee for IETA member: **$15.00** ♥Renewal fee non-IETA member: **$55.00**

Signature: _____ Date: _____/_____/_____

For IETA news and information visit www.IETAonline.com

♥Healing the World One Heart at a Time♥

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Payment received: _____/_____/_____ Renewal effective through: 12 / 31 / 2009

Bank: _____ Chk #: _____ Rt #:_____Acct #:_____