

**APPLICATION FOR MASSAGE CONTINUING EDUCATION (CE)
FOR INTEGRATED ENERGY THERAPY® (IET) CLASSES**

Name of Applicant: _____
(Please Print)

Mailing Address: (Street) _____

(City) _____

(State) _____ **(Zip)** _____

NCBTMB Identification: **State** _____ **NCBTMB ID:** _____

email: _____

Phone Number: _____

Name of Class and Date Completed *(Furnish dates of completed classes only):*

Basic Level Integrated Energy Therapy _____ **(8.0 CE)***

Intermediate Level Integrated Energy Therapy _____ **(8.0 CE)***

Advanced Level Integrated Energy Therapy _____ **(8.0 CE)***

Integrated Energy Therapy for Pets _____ **(8.0 CE)***

Integrated Energy Therapy Master Instructor _____ **(16.0 CE)**

***For classes taken in 2009 we will be able to award 8 CE for these classes.
We can award only 7 CE for these classes taken before 2009.**

Name as you wish for it to appear on your certificate:

Name of IET Master-Instructor: _____

Signature of IET Master-Instructor: _____

(Please mail your completed form along with a check in the amount of \$15.00 to
The Center of Being, Inc., PO Box 883, Woodstock, NY 12498)