

ACEP ENERGY PSYCHOLOGY CERTIFICATION APPLICATION
(Please Print)

Track (*Please Check Appropriate Box*): _____ Date: _____
__ Diplomate, Comprehensive Energy Psychology (DCEP) for licensed mental health professionals (or the international equivalent) practicing independently.
__ Certified Energy Health Practitioner (CEHP) for allied health practitioners.
Last Name: _____ First Name: _____ Middle Initial: _____
Mailing Address: _____
City: _____ State/Province: _____ Postal Code: _____
Country: _____ Email: _____
Daytime Phone: _____ Fax: _____ Mobile: _____
How did you hear about the program? _____

EDUCATION AND TRAINING

Highest Degree Earned (*check one*) __ PhD __ MD __ MSW __ MS __ MA __ RN __ Other _____
Professional area in which degree was earned: _____ Degree Month/Year: _____
Degree Institution: _____ Location: _____
License/Certification #: _____ State/Province/Country: _____ Exp. Date: _____
__ Check if no license or certification is required in state/province/country.

PAYMENT INFORMATION

Application Form & Application Fee (*credit card or check payable to ACEP*) must be faxed or mailed to:
Association for Comprehensive Energy Psychology
349 W. Lancaster Ave., Suite 101
Haverford, PA 19041, USA
Fax 1-484-418-1019

__ US\$150 application fee for ACEP member
__ US\$250 application fee for ACEP non-member
(*Apply for membership online at www.energypsych.org and enjoy the substantial membership discount.*)

__ MasterCard __ Visa Card #: _____ 3 digit security code _____ Exp.Date: _____
Name as it appears on card: _____ Signature: _____
Credit card billing address: _____

__ Check payable to ACEP. (*A bank processing fee of \$40 will be charged for all returned checks.*)

All payments from outside of North America must be via credit card. Thanks for your understanding.

Please note:

All required supporting documentation must be submitted electronically to admin@energypsych.org.
Program information may be found at www.energypsych.org.