



License Application for AIM Spiritual Healer

Name _____

Address _____

Phone _____ Email Address _____

_____ I have satisfactorily completed the three Temple of AIM Correspondence Courses

_____ I have successfully completed the Basic Coaching Skills Workshop

_____ I am certified as a _____

Name (please print clearly): _____

Email address (please print clearly): _____

Signature _____ Date _____

Please email to: aim@ fshlb.com (no spaces in email) or mail your application to:

AIM-FSHBL, 8417 Oswego Rd #131, Baldwinsville, NY 13027

Include your \$65 payment or pay by credit card ([IPX Services Gateway](#))