



## Renewal of AIM Spiritual Healer License

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ I have satisfactorily completed 20 approved CEU in the last 12 months as follows:

\_\_\_\_\_

\_\_\_\_\_

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 \$55 payment or pay by credit card ([IPX Services Gateway](#))