

International Healing Musician's Program

Certificate of Completion for CEU Hours

Instructions: (PLEASE PRINT) Fill-in the following information. If you run out of room, please use a separate sheet of paper.

Name: _____ has completed _____ contact hours.

Address: _____ City: _____

State/Province: _____ Code: _____ Country: _____

Telephone: _____ Email: _____

Name of Sponsoring Organization Representative: _____

Signature of Sponsoring Organization Representative: _____

Rep. Telephone: _____ Rep. Email: _____

Name of Sponsoring Organization: _____

Title of Event: _____ Date(s): _____

Please write objectives from this event which directly enhances the work of a Certified Healing Musician:

PLEASE KEEP THE ORIGINAL COPY FOR YOUR RECORDS. Please email a copy to: sbagency@sprynet.com, or fax a copy to 206-264-5657 or mail via postal service to:

Int'l Healing Musician's Program,
PO 272, Lummi Island, WA 98262

CHM Signature: _____ Date: _____