

PRACTITIONER REGISTRATION FOR QUANTESSENTIAL COMMUNICATIONS™

FIRST NAME: _____ **INITIAL:** _____ **LAST NAME:** _____

STREET/MAIL ADDRESS: _____

CITY: _____ **STATE:** _____ **POSTAL CODE:** _____

COUNTRY: _____ **COUNTRY OF ORIGIN:** _____ **RELOCATION DATE:** _____

CONTACT TELEPHONE: 1) _____ 2) _____ 3) _____

E MAIL ADDRESS: _____

PROFESSIONAL LICENSURE

CURRENT STATUS: 1). ACTIVE 2). INACTIVE 3). REVOKED

STATE(S) OF ISSUE: _____ **DATE(S) OF ISSUE:** _____

LICENSE NUMBER(S): _____

CONTINUING EDUCATION REQUIREMENT? YES NO

NAME ON LICENSE: _____

HAVE YOU BEEN FOUND LIABLE FOR ANY VIOLATIONS IN THE PROFESSIONAL CODE OF CONDUCT IN THOSE STATES THAT YOU HAVE/HAD LICENSURE? YES NO

HAVE YOU EXPERIENCED COMPULSORY SUSPENSION OF A PROFESSIONAL LICENSE TO PRACTICE OR DELIVER SERVICES TO THE PUBLIC? YES NO

PLEASE LIST AT LEAST ONE PERSONAL/PROFESSIONAL REFERENCE. THIS PERSON(S) MAY OR MAY NOT BE CONTACTED.

1. _____

2. _____

All information submitted to Quantessential Communications™ is held in the strictest of confidentiality and will not be distributed to any third party without your expressed written permission. *Please submit this form with payment for the workshop that you are enrolling to Quantessential Communications, c/o Dennis Littleton N.D., L. Ac., 177 Telegraph Road #452, Bellingham, WA 98226*