

# Clinical Qigong Application

## Applicants for National Certification Center Approval Clinical Qigong Application



National Certification Center of Energy Practitioners  
31907 South Davis Ranch Rd. Marana, AZ 85658  
Email application materials to: [nccoep@earthlink.net](mailto:nccoep@earthlink.net)  
Questions: 1-520-609-1766

Please include a filled out copy of this document with your submission. Submit the documents required by email or by mail. Your application will be processed when your payment is received. Please send check or money order to the address above and made out to NCCOEP.

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### Did you include:

- Certificate from Training Program (250 hour minimum)
- Lineage listing (Please include a lineage form from the Application forms area.)
- Three evaluations of client issues (one of each of three clients)
- Certificate from Ethics Test
- Certificate from Standards of Practice Test
- Anatomy and Physiology training. (May be Eastern or Western. Eastern preferred.)
- Professional Liability Insurance
- Bio (400 words), Photo (color head shot) and processing fee (\$75)
- Practicum/Empirical Test

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Are You 18? Yes  No  Must be 18 years of age or older to apply.

State/s Practicing in?: \_\_\_\_\_

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Business Address: Check if Same as Home Address

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Website: \_\_\_\_\_

Any Other Professional License(s)?: \_\_\_\_\_

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Highest Level of Education?: \_\_\_\_\_

Any areas of specialization: \_\_\_\_\_

Please note the following:

Your individual state may require both finger printing, mental health evaluation and a background check prior to state approval.

If you have had an a substance abuse issue, we ask that you be a minimum of two years clean and sober prior to submission of your application.

If you have had a significant mental health issue, we ask that you be four years stable prior to submission of your application.

Please include with the email/mail in addition to this form the following:

1. Please include a graduation certificate from your training program.
2. Please include a copy of your lineage. (Fill out Lineage form in Application forms area.)
3. Three Evaluations:  
Include 3 evaluations in the case studies (one in each of three case studies) of the clients issues done prior to dialogue with the client.
4. Ethics Test  
Please include a copy of your successful exam completion certificate
5. Standards of Practice Test  
Please include a copy of your successful exam completion certificate.
6. Proof of Anatomy and Physiology training:  
The Certification Center will accept all college level anatomy and physiology training programs. We also accept anatomy and physiology classes for physician,

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nurses, physical therapists, chiropractors etc. If you have taken a massage therapy anatomy and physiology class please list the number of course hours and the topics covered. (See mandatory list of topics below.) If possible a contact person at the training program where you took the course. The course will be evaluated for equivalency of the material below:

If you have not taken an anatomy and physiology course we suggest the following:

For Eastern Anatomy and Physiology, your training should include the following:

1. Twelve main Meridians location, directionality, indications and contraindications
2. Major Acupuncture points locations, indications and contraindications
3. Divergent Channels location, directionality, indications and contraindications
4. Sinew Channels location, directionality, indications and contraindications
5. Five element theory and how they and the organs relate to the meridians or equivalent Chinese medicine theory.

### 6. Professional Liability Insurance:

We require Professional Liability Insurance. The following organizations offer professional liability insurance. This list is not complete. We take no responsibility for the quality of the insurance chosen. Professional Liability Insurance may also be available through other organizations. It is the responsibility of the individual practitioner to investigate and determine the Professional Liability Insurance that best meets their needs.

1. The Association for Comprehensive Energy Psychology  
<https://www.energypsych.org/page/LiabilityInsurance>
2. The American Massage Therapy Association  
<https://www.amtamassage.org/massage-insurance>
3. Associated Bodywork and Massage Professionals  
<https://www.abmp.com/massage-liability-insurance>
4. International Association of Reiki Professionals  
<https://iarp.org/reiki-liability-insurance/>
5. Energy Medicine Professional Association  
<https://www.energymedicineprofessionalassociation.com/>

### 7. Bio (400 words), Photo (color head shot/passport photo) and Fee (\$25)

### 8. The Practical/Empirical test:

Please include your certificate from the empirical testing.

Please note: Until all of the appropriate test centers have been established in every state the NCCOEP will accept a practical test of practitioners skills.

Please see the additional document required for the practical test.

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I confirm that all of the information in this document and included documents is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print your name clearly

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Commission

\_\_\_\_\_  
State

Stamp