

For Office Use Only
Registry ID No. _____

CENTER FOR NEUROACOUSTIC RESEARCH, LLC
INTERNATIONAL REGISTRY
of
CERTIFIED NEUROACOUSTIC SOUND THERAPISTS

MEMBERSHIP APPLICATION: _____ CNHST Diplomate _____ CNHST _____ CNST

Name: _____ Date: _____

Address: _____

City: _____ State or Province: _____

Country: _____ Zip or Postal Code: _____

Mailing Address if different: _____

Cell Phone: _____ E-Mail: _____ Website: _____

Type of License: _____ License No: _____ State: _____

Highest Level of Education: _____ Last Educational Institution: _____

Completion Dates for Fulfillment of Registry Requirements:

- 1. Personal Bio-Tuning: No: _____ From: _____ To: _____ Summary & Benefits attached _____
- 2. Education-mm/yy: _____ Bio-Tuning Course _____ Practitioner Course _____ CNR Sound Seminar _____ Self-Study _____ Webinars _____ Clinical Experience; Advanced Courses- Names/dates attached _____
- 3. Internship: _____ Direct Practicum _____ At-a-Distance _____ Webinar Case Studies _____ by License _____
- 4. 80% Successful Completion of Proficiency Assessment: _____
- 5. 80% Successful Completion of Qualifying Assessment: _____
- 6. Completion of Diplomate Education and Training: _____

Commencement of Neuroacoustic Sound Practice: _____

Two postal zones in your service area: _____ Two locations by name: _____

Will you accept referrals for a Sound Table or Chair (10-15-minute) demo experience? ___ Yes ___ No

Will you accept referrals for those who have their own Bio-Tuning Programs and wish to use a Sound Table or Chair to quicken and deepen their healing process? You would charge for this. ___ Yes ___ No

Additional Info: _____

I hereby certify the above information to be true and accurate. I have fulfilled all membership requirements set forth by the Center for Neuroacoustic Research for Membership in the International Registry of Certified Neuroacoustic Sound Therapists for the level of practice for which I am applying. I certify that I have never been convicted of a life-harming felony. I agree to abide by the standards and tenets set forth by CNR, the Registry, and the CNR Code of Ethics. I give permission for any of the above information to be placed on the CNR website or given to individuals requesting information about me and/or my work as a Certified Neuroacoustic Sound Therapist™.

Signature Date

The completed application must be accompanied by a non-refundable check or money order for \$75 made payable to the Center for Neuroacoustic Research. The first year of membership is free upon acceptance. Thereafter, membership will be biennial and due by the last day of the month of acceptance into the Registry.