



APPLICATION TO JOIN THE HUGS NETWORK OF HEALERS
 (Contact information to be used in the website directory)

| | |
|---------------------------------------|---|
| Name of Applicant _____ | Email Address _____ |
| Mailing Address _____ | Phone Number _____ |
| City _____ State _____ Zip Code _____ | Website Address _____ |
| Business Name _____ | Your Title (to be used in the HUGS directory) _____ |
| Phone Number _____ | Address _____ |
| City _____ | State _____ Zip Code _____ |

1. Describe the services provided by your Business: _____

2. Are you the sole owner of the Business? Yes:___ No:___ If no, please list all other owners and describe the nature of their ownership interest: _____

3. How long have you been engaged in the Business? _____ (Providers who have not been in practice for at least three years will be accepted into the HUGS for Life Healing Center Network only in exceptional circumstances).

4. Does your Business have employees other than yourself? Yes:___ No:___ If yes, how many employees? _____

5. Are you and/or the Business required to be certified or licensed? Yes:___ No:___
 If yes, please describe the license or certification that is required, the name of the agency or other entity that provides this license or certification, the date that you or the Business was first licensed / certified and the expiration date of the current license or certification, if applicable: _____

6. Is the Business a full-time business? Yes:___ No:___ If no, please indicate the average number of hours per week in which services are provided by the Business: _____

7. Do you and the Business carry general liability and professional liability insurance? Yes:___ No:___

8. Have any claims been asserted against you (related to the Business) or the Business in the last ten years, whether or not covered by insurance? Yes:___ No:___ If yes, please explain: _____

9. What is your standard session fee? _____

10. HUGS provides sponsored sessions for low income families.
 What is your discounted fee to HUGS (minimum discount 20%)? _____

I certify that the foregoing information is accurate and I understand that the Extraordinary Lives Foundation will be relying on the accuracy of this information in deciding whether or not to accept me and the Business into the **HUGS for Life Healing Center Network of Healers**.

I have read the accompanying materials concerning the **HUGS for Life Healing Center Network of Healers** and would like to apply to be included in the Referral Network. **Please return completed form by email to: info@elfempowers.org**

| | |
|--|---|
| FOR OFFICE USE ONLY: Application Received: _____ Background Check Completed: _____ Session Attended: _____ Annual Fee Paid: _____ Member Agreement Signed: _____ | Signature of Applicant _____ Date: _____ |
|--|---|