



LICENSE APPLICATION: NATURAL HEALING MINISTRY

Applicant Information

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Country of Origin: _____ Form of Identification Enclosed? YES NO

Name of Nemenhah Assembly: _____

Accreditation Certificate enclosed? YES NO Application Fee (\$50 USD) enclosed? YES NO

Are you a blooded member of a recognized Traditional Indigenous Heritage and Bloodline of the Nemenhah People? YES NO If yes, which? _____

Are you an Ordained or Spiritually Adopted member of a recognized Sacred Order, Society, Clan, or Local Assembly of the Nemenhah People? YES NO If yes, which? _____ Date : _____

Have you ever been convicted of Rape, Murder, Mayhem, Sexual Assault, Molestation, Child Abuse, or any form of Hate Crime (18 U.S.C. § 249 Hate Crime Acts)? YES* NO **If "yes," do not submit this Application for such things are unforgivable to the Nemenhah People.*

Accreditation

Have you received certified accreditation from a committee approved by the EPMC? YES NO If yes, which? _____ Cert.#: _____

Pehli Information

Please provide the following information:

Pehli Name: _____ Ordination: _____
 Pehli Email: _____ Pehli Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to licensure, I understand that false or misleading information in my application or interview may result in disciplinary proceedings pursuant to the Nemenhah Code and Constitution.

Signature: _____ Date: _____

Provisions

This License and Application is mandated and authorized by the Office of the Nehm Tiwehkhthimpt (EPMC) for the purpose of safeguarding and ensuring the health and welfare of the People.

The Nemenhah Minister to whom this License is issued has been verified competent in the modalities and practices for which they have received accreditation by an approved Pehli Council of the People and is authorized to profess and provide essential Natural Healing services in bona-fide Nemenhah Ministry to the People and the general public in any State of the United States of America wherein is enforced the following federal law(s): *USC TITLE 42 CHAPTER 21B § 2000BB-1*.

Instructions

- **Applicant Information** - please provide the following:
 - **Name**; please provide your full legal name- do not include personal or professional aliases or pseudonyms.
 - **Date**; provide date of application.
 - **Address**; do not include Post Office Boxes.
 - **Phone**; please provide your personal phone number- do not include corporate/work phone numbers.
 - **Email**; please provide your personal email address- do not include corporate/work email addresses.
 - **Date of birth**.
 - **Nation of origin**.
 - **Name of Nemenhah Assembly** - Assembly in which you are a current member/patron. Current Assemblies include:
 - **Sacred Order of Lehb (SOL)**, general membership (only if no local assembly is present in your area).
 - **Itsipi Society (SOL)**: Columbus OH membership, Arnica MO membership.
 - **Sacred Vibrations Society (SVS-SOL)**, general membership (only if you have received SVS certification).
 - **University of Nemenhah (SOL)**, current UCNM student.
 - **Form of Identification Enclosed?** - please provide a photocopy of the following:
 - State issued **Driver's License** or State issued **Personal Identification Card** if not a Driver. You may enclose a copy of your Passport documents if you have neither of these forms of identification.
 - State issued Birth Certificate. Birth Certificates provided by a Midwife are acceptable, so long as the documents include the Midwife's current contact information. Contact the Office of the EPMC for questions or concerns.
 - At least one form of identification **and** a Birth Certificate must be provided. If one or the other is omitted, this application will be rejected.
 - **Accreditation Certificate Enclosed?** Please provide a photocopy of your Accreditation Certificate.
 - **Application Fee (\$50 USD) Enclosed?*** Please enclose payment for processing this application in the form of a Check or Money Order made payable to "Nemenhah" at the address provided on this form or enclose a printed receipt or invoice that includes a Transaction ID Number if you paid the Application Fee online. **This application processing fee is non-refundable.*
- **Traditional Indigenous Heritage and Bloodline** – members of these bloodlines do not require Spiritual Adoption or special ordination to be numbered among The People. Current Traditional Indigenous Heritages and Bloodlines that have been recognized by the Nemenhah Great Council include:
 - The Ahkehkt Bloodline as currently constituted by Phillip R. "Cloudpiler" Landis, his offspring, and his descendant progeniture.
 - The Royal Bloodline as currently constituted by His Imperial Majesty, King Philip IV of Royal Maya, His offspring, and His descendant progeniture.
- **Ordained or Spiritually Adopted Member of a Sacred Order, Society, Clan, or Local Assembly** – please provide the date of your ordination and/or Spiritual Adoption.
- **Unforgiveable Crimes** – please do not submit this application if you answered "yes" to this field. These offenses are considered unforgiveable by the Nemenhah People and render the applicant automatically ineligible for ministerial licensure.
- **Accreditation** – the following councils/committees which have been approved by the Office of the EPMC to provide formal certification and accreditation of the Modalities of Natural Healing included in the Sahaptan Healing Way are:
SOL Pehli Council: Nemenhah Ministerial Certification and Accreditation Committee (N.M.C.A.C.)
 - Do not submit this application without having first obtained requisite accreditation from an EPMC Approved Pehli Council.
 - The Accreditation Certificate you enclose in this Application will be matched with the information you provide on the form. The Pehli Council from which your accreditation originates may be contacted for verification.
 - If no accreditation certificate is provided, this Application will be rejected. *Application fees are non-refundable.*
- **Pehli Information** – Please provide the required information. Your Pehli may be contacted to verify pertinent information you have provided on this form.
- **Disclaimer and Signature** – please sign and date this document by hand in black or blue ink.
- **Submit Application** – download, print, fill, sign, date, enclose requisite documents, enclose additional notes and/or memos, and send to the address provided at the bottom of this page with a stamped self-addressed envelope. You may expect a reply within two (2) to four (4) weeks.