



City of Poway
APPLICATION/REGISTRATION
HOLISTIC HEALTH PRACTITIONER

HP# _____

If you are NOT applying for a NEW HOLISTIC HEALTH PRACTITIONER PERMIT, but only need to update your information, please complete **SECTION A** below, date and sign at the bottom, and return to CITY HALL, P.O. BOX 789, POWAY, CALIFORNIA 92074. If you should have any questions, please call CUSTOMER SERVICES at (858)668-4401.

Submit the following with your application:

- Application fee. *Fees are non-refundable.* Call for current fee or see Master Fee Schedule at the City of Poway website.
- Two (2) photocopies of California Driver's License or California ID Card
- Copy of diploma and transcript from state-accredited school of massage verifying 1000 hours of training
- Proof of membership in a state or nationally-chartered holistic organization

A. Applicant information

APPLICANT NAME

LAST FIRST MIDDLE

RESIDENCE PHONE MOBILE PHONE BUSINESS PHONE

RESIDENCE ADDRESS

STREET CITY STATE ZIP CODE

BUSINESS NAME

BUSINESS ADDRESS

STREET CITY STATE ZIP CODE

B. Education

NAME OF STATE-ACCREDITED MASSAGE SCHOOL

SCHOOL ADDRESS

STREET CITY STATE ZIP CODE

DATE OF GRADUATION

C. Membership

NAME OF STATE OR NATIONALLY-CHARTERED HOLISTIC ORGANIZATION OF WHICH YOU ARE A MEMBER

ADDRESS

STREET CITY STATE ZIP CODE

Phone Number Date of Enrollment

Date _____

Signature _____

Accepted By _____

Date _____