

Phone: Email:			
What modality do you practice? Please describe.			
Are you licensed or certified in North Carolina for the service you provide?	Yes	No	(Circle One)
Does your profession have an NC licensing board?	Yes	No	(Circle One)
Are you the subject of any investigation? Have you had any disciplinary actions taken by the licensing board, or is any action pending?	Yes	No	(Circle One)
If yes, please provide details (including date and circumstances):			
Is your practice located in the Yancey-Mitchell area?	Yes	No	(Circle One)
How many years have you been in clinical practice?	# of years:		
Have you established a professional relationship with the medical community in our area?	Yes	No	(Circle One)
Please state two licensed healthcare providers who you have worked wit patient care or have referred patients to you. 1. 2.	h in coll	aborati	on on
Is your service on the NCCIH's list of Complementary and Alternative Medicines for pain, recovery, or stress related to such issues?	Yes	No	(Circle One)
You must present a practice that can be done at home without having to purchase a device or tool; use of common household items is acceptable. Please confirm your understanding of this expectation.	Yes	No	(Circle One)
Please describe what skills participants will take home.			

How does your topic or service support the mission of <i>Home Remedies: Co.</i> Addressing Pain and Stress (COAPS), namely the prevention and/or reduct medication overuse? Please note evidence-based resources.			
You must present your modality/practice via a filmed recording (with a contract videographer and support from the Program Coordinator), which will be published to an online course. Please confirm your understanding of the requirement of adequate preparation and rehearsal for the video recording.	Yes	No	(Circle One)
Please indicate if you have presented your modality (in person or via vide topic, length of time/class, purpose of the class and feedback you receive sponsors, if applicable. Please submit testimonials if possible.	•	_	

Thank you for providing this information. Please submit your completed application to Jacquie López, Program Coordinator at homeremedies@pathwnc.org. Your application will be reviewed by the Home Remedies Advisory Board, whose unanimous consensus will determine eligibility.