

**Plant Spirit Medicine Seminary**  
**A Training Facility of the Temple of Sacred Fire Healing**  
**Continuing Education and Compliance Affidavit**

"I the undersigned individual on this \_\_\_\_ day of \_\_\_\_\_, being over 18 years of age and competent to make this affidavit do hereby attest, warrant and state that I have completed the Plant Spirit Medicine training listed in this affidavit. I further attest, warrant and state that I am in compliance with the code of ethics, vocational guidance and standards of practice that apply to Temple of Sacred Fire Healing Plant Spirit Medicine. I acknowledge and understand that I must maintain good standing by remaining in compliance with the following requirements:

1. 32 hours of Plant Spirit Medicine Seminary approved continuing education.
2. Current Temple of Sacred Fire Healing support contributions.
3. Current Plant Spirit Medicine Association membership.
4. Compliance with the code of ethics, vocational guidance and standards of practice.

I understand and acknowledge that in order to keep my Temple of Sacred Fire Healing, Plant Spirit Medicine Stewardship, I must maintain good standing. I understand and acknowledge that if I maintain good standing I will continue to be eligible to apply for an extension of my active status as a Lay Spiritual Healer. I acknowledge that any Temple of Sacred Fire Healing, Plant Spirit Medicine certificate that I may hold is the property of the Temple of Sacred Fire Healing and immediately returnable upon request.

Listed below are the Plant Spirit Medicine Seminary approved continuing education courses that I have completed.

Training or Course Name	Location	Date
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I hereby execute this affidavit for the purpose of obtaining an extension of my Plant Spirit Medicine Lay Spiritual Healer active status. I swear that the statements in this my sworn affidavit are true and correct." Further Affiant sayeth not.

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Name:  
Address: