



Terms and Conditions of Insurance

I hereby state that I have no knowledge of any incident, pending claims, suits, or other ethics violations nor have any been filed against me in the past pertaining to my practice as a practitioner, that no certifications or licenses have been revoked, and that I have never been arrested for or been charged with any sexual violation.

I understand that this application is subject to approval with no automatic inclusion in the program. My digital signature shall verify that I have completed this application accurately and honestly and that I agree to provide proof of training should I be asked to provide it in the event of a claim.

I understand that if my application is approved, the premium/fees paid by me are nonrefundable, nontransferable and will not be prorated. This application is for liability coverage which is in force for one year from the date of approval. Denied applications will be refunded less any associated fees resulting from the method of payment (i.e. credit card charges).

I understand and agree to pay a fee of \$35 or 10% of the cost of the transaction, whichever is greater, for returned checks or for credit card payments that are either disputed or refunded by a third party.

I understand that I am responsible to verify that the coverage is appropriate to my training and professional activity, and that activities outside the scope of coverage of the policy are not covered. Specific coverages and exclusions are determined by the policy and the list of exclusions and limitations. I understand that a complete copy of the insurance policy is available on the member portal.

Energy Medicine activities are the evaluation and manipulation of the human energy field, using the client's or practitioner's energy field to effect a change in the client's energy field and overall mental emotional physical or spiritual health. I understand that activities outside the scope of providing energy medicine treatments are not covered except as described in the policy. Representation of activities that are outside of this scope as Energy Medicine modalities or methods constitutes fraud and will void the insurance.

I understand that any false statement made on this application or subsequent renewals shall void this application and render my insurance coverage null and void.

I understand that equipment used in the evaluation or treatment of the human energy field is not covered for liability arising from the function or malfunction of such equipment.

I understand and agree to follow the EMPA Code of Ethics and understand that activities outside the EMPA Code of Ethics may void coverage.

[EMPA Code of Ethics](#)

I understand that the comprehensive coverage provided by EMPA covers liabilities that result from my actions as an individual professional practitioner and associated general liability.

I understand that businesses are not covered by this policy except as a separate entity for liabilities arising directly from the covered activities of my professional practice. I understand that the business name can be listed on the application only for the sole purpose of promoting my professional practice in the Practitioner Directory.

Practitioner Directory Terms and Conditions

The information in this directory is provided by its members. The listing of any area of practice by a practitioner has not been reviewed by the EMPA staff. It is merely an indication by the member of an area or areas in which he or she practices. Any complaints or comments may be directed to info@energymedicineprofessionalassociation.com.

EMPA holds the right to remove a member at the discretion of EMPA. Reasons for removal may include but are not limited to: large amount of complaints by other members, inappropriate content, use of Practitioner Directory for commercial solicitation, and ethical violations.