



Healing Touch Program™

**Healing Touch Certification
Practitioner Application**
January 2009 - April 2010



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Practitioner Certification Application and Requirements

General Instructions

Certification as a Healing Touch Practitioner is open to all students who have satisfactorily completed Levels 1-5 of the Healing Touch Program (HTP) coursework and received a Certificate of Course Completion. Certification is an appropriate goal for all who wish to establish a Healing Touch practice, or incorporate Healing Touch as a focus within an existing practice.

Certification is intended for the competent practitioner and requires a professional level of development. It is anticipated that individuals approach certification with preparation and work experiences that have contributed to his/her awareness of the concepts of energetic healing, confidentiality, ethics, and client/practitioner relationship.

General Instructions

There are two parts to applying for Practitioner Certification

- Completion of Application Requirements
- Submission and acceptance of an Application for Certification

Application Layout

- Submit an Application Form and materials in order listed in Checklist (See Appendix)
- Use 8 ½ x 11 paper
- Use 1" margins
- Use a plain type/font such as Arial for ease of reading
- Written summary statements should be one page in length and single spaced except where noted
- Submit double sided copies whenever possible

Application Submittal

- Submit 3 copies of a completed application including all required paperwork.
- Bind each copy individually with a single staple or round head fastener in the top left corner.
- Please place your name on each page of your document.
- Keep a complete copy of your application. Your application will not be returned.
- A copy of your application will be kept on file at the Healing Touch Program office through your application process.
- Application fee \$250.00
- Application fees are non-refundable.
- There is no fee for re-submission of application materials when an Applicant is in "Certification Pending" Status.
- Include a check or money order for \$250.00 payable to Healing Touch Certification. If you would like to use a credit card please fill out the credit information on the application.

Submit to:

Healing Touch Certification
Attention: Certification Administrator
20822 Cactus Loop
San Antonio, TX 78258



Notification to Applicant

Applicants will receive a letter, indicating the outcome of the application review within 8 weeks of application submission unless otherwise notified. Status will be noted as “*Certification Approved*”, “*Certification Pending*” or “*Certification Not Approved*”.

“*Certification Approved*” applicants will receive a congratulatory letter, certificate and pin.

“*Certification Pending*” applicants will receive a letter outlining the additional information or actions required to address the Pending status. Guidelines to address issues that are denoted as Pending will be provided.

“*Certification Not approved*” applicants will receive a letter with the reason(s) for this status.

Non-disclosure

Applicant names, applications, review, critique and outcomes developed during the review process are kept strictly confidential and are available only to those individuals involved in the review process.

Healing Touch Certification Review Panel

The Certification Review Panel members are Instructors and Practitioners with experience and commitment to Healing Touch. Panel members are chosen by the Chair and Vice Chair of the Review Panel. Panel participants are Instructors and Practitioners in good standing who have been successful and actively teaching or practicing Healing Touch for a minimum of 2 years.

Application review is done 4 periods per year, February, May, August and November. Applications must be received by the first of the month of the review period. They will be reviewed by at least two members of the Review Panel. Applications are evaluated based upon completion of all requirements outlined for practitioner credential standards. Certification approval is at the discretion of the Review Panel.

Applicant Grievance Procedure

An applicant who has a grievance may write to the Chair or Vice Chair of the review panel. Grievances need to be filed within 45 days of notification. The Chair and Vice Chair will work with the review panel to address the grievance. The Chair will notify the applicant of the outcome.



Application Requirements for Practitioner Certification

Requirements are listed in the order corresponding to the Application Checklist and in the order supporting material should be included in the application packet.

I. Completion of Coursework

Requirement:

Completion of Healing Touch classes Levels 1 through 5 and all coursework for each class is required for certification as a Healing Touch practitioner. All classes must be taken in sequence and must be taught by a certified Healing Touch Instructor (HTCI or CHTI). Upon completion of Level 5 and all coursework, a Healing Touch Program Certificate of Course Completion is provided.

Submission Guidelines:

Include a copy of the following:

1. The Certificate of Class Completion for each initial Level 1- 5. All certificates must be signed by a Healing Touch Program Certified Instructor (HTCI). Place the certificates in chronological sequence. Only one initial certificate per class level need be included.
2. A Certificate of Course Completion signed by the Healing Touch Program Director.
3. Your Level 5 Instructor Recommendation form signed by your Instructor (or signed by Program Director or designated Instructor if your coursework was completed after attendance at the Level 5 class).
4. A List of Healing Touch classes taken in addition to your initial class for each level. Please include Level, class date, instructor and your role (student, mentor, helper, etc).

Note: If you have lost a certificate, please contact the HTP office for a duplicate at info@HealingTouchProgram.com. Include the class level, dates, city, state and instructor in your email.

2. Professional Resume

Composing your resume provides you with experience in presenting yourself to the general public.

Requirement:

A one to two page Professional Resume prepared in a format consistent with professional resumes.

Submission Guidelines:

Include the following information:

- Formal education (include locations/dates)
- Work experience
- Healing Touch Program Completion
- Additional related education or training (Include an explanation of any acronyms and terms that are not related to nursing.)
- Professional recognition, licensure or certification
- Professional membership or affiliations



- Accomplishments or awards (copies of certificates do not need to be included)
- Summary list of published works
- Other related interests

3. Self Evaluation & Development

Self study/examination is an important element in the journey of the healer. It is also a useful tool in tracking growth and development.

Requirement:

A Self Study Summary, which addresses your development as a Healing Touch Practitioner.

Submission Guidelines:

Include a one to two page single spaced report, which addresses your evolution as a Healing Touch Practitioner. Answer the following questions and include other pertinent information:

- How have you grown in the process of taking Healing Touch Program courses?
- Describe your understanding of yourself as an “energy being”.
- How has your consciousness grown to include multidimensional and non-local phenomena?
- How are you continuing your professional development?
- How do you integrate your personal gifts and talents as a Healing Touch Practitioner into your personal and professional life?
- Include information about your Healing Touch practice and what you envision for yourself, your clients and your community.

4. Self Care Healing Modalities Experience

Part of the efficacy of Healing Touch is helping persons manage their self care toward optimal wellness and quality of life. A way to focus on self care and one’s inner landscape is to receive healing work. In addition, receiving these experiences also educates the applicant firsthand about a variety of healing modalities and supports building of a local professional healthcare network.

Requirement:

A Self Care Report based on the 10 different healing modalities received by various alternative complementary health care practitioners experienced between Levels 4 and 5.

Note: A listing of the 10 Self Care Modalities is required. Only three (3) reports (as described below) are required out of the ten experiences.

Submission Guidelines:

1. List the 10 Self Care Healing Modalities experienced between Level 4 and Level 5.
Include the following:
 - Name of Modality
 - Date Received
 - Name of Practitioner
2. Describe two (2) of the experiences, which were most beneficial to you.
3. Describe your least beneficial experience. (one (1) experience)



For each of the three (3) chosen experiences (Guidelines 2 and 3) submit a one page single spaced report. Include the following information in the order listed below for each experience submitted:

- **Practitioner Credentials** - Practitioner's name, address and credentials, skill or experience. Briefly explain the credentials or their experience level if they have no initialed credentials.
- **Date of treatment**
- **Procedure and Theory** - Briefly explain the theory of how the modality works and how it functions to promote health and healing, the sequence of the session and how the method was administered.
- **Your experience** receiving treatment.
- **Reflective statements** which address the following questions.
 - o How has the experience contributed to your understanding of the importance of self-care?
 - o Did the experience broaden your knowledge from a holistic perspective and how?
 - o How has this experience influenced the way you would work with clients & conduct your Healing Touch practice?
 - o Would you add the modality and/or practitioner to your referral base? Why or why not?

5. Educational Resources

Becoming a practitioner of the healing arts requires a commitment to professional development through a multidimensional search toward physical, emotional, mental and spiritual growth. Alice Bailey, in *Esoteric Healing*, said that a healer must have the "ability of the human mind to stretch, to record, to discover and to formulate truth." (Healing Touch Program Level I Notebook, Part II - "Attributes and Qualities of a Healer")

In partial fulfillment of the Certification process, it is required that the Applicant read books, listen to educational offerings, and attend conferences relevant to the development of the Healing Touch practitioner, fifteen (15) of which must be reported to fulfill this requirement. There are a myriad of ways to continue the exploration of energy therapies. Books and suggested reading are listed in the HTP curriculum. (See Recommended Book List in Healing Touch Notebooks Level I and Level 2. Please know this is not an exhaustive list and many other resources are applicable.)

Requirement:

A minimum of 10 books must be included. Prepare an Educational Resource Report on fifteen (15) resources, books, tapes or conferences, which have assisted in your continued progress and development as a Healing Touch Practitioner.

Each of the following seven topics/categories must be addressed by one or more resources/studies:

- Healing Touch
- Energy Medicine/Holistic Health Care



- Quantum Physics/Scientific Principles/Research
- Spiritual Development
- Journaling/Self-care
- Professional Development
- Ethics

Submission Guidelines:

1. Include a single-spaced, (250 words, one half page maximum), report for each source submitted. Be sure to document the following:
 - Topic/Category
 - Books & Tapes: full title, author, publisher and date of publication
 - Conferences: title, instructor(s) and credentials, dates, location and number of hours attended
 - Include a description of some of the ideas/theories presented and your own reflective statements which consider the following questions:
 - Does the information presented appear sound to you?
 - Could it be incorporated into your self-care practice?
 - Did it stimulate your own creative process?
 - How might some of these ideas be applied in your Healing Touch practice?
2. Provide a summary sheet, identifying each resource with one of the seven categories as applicable. List the books/tapes/conferences under the appropriate topic/category including title and author/presenter. Organize and submit your reports in the order listed on the Resource Summary page. Following is an example of a Resource Summary page:

Educational Experiences Summary Page

Healing Touch

Author, Name of Book
Author, Name of Book
Presenter, Conference Title

Spiritual Development

Author, Name of Book
Author, Name of Tape

Energy Medicine/Holistic Health Care

Author, Name of Book

Journaling/Self Care

Author, Name of Book

Quantum Physics/Scientific Principles/Research

Author, Name of Tape

Professional Development

xxx, xxx

Ethics

xxx; xxx

6. Supervised Mentorship

“The meeting of two personalities is like the contact of 2 chemical substances- if there is any reaction, both are transformed.” Carl Jung (1875-1961)

“When two people enter into a caring moment, a new field of consciousness or possibilities is created. Both can share consciousness or tap into another field, the universal energy, universal spirit of infinite Love which in turn has healing possibilities.” Dr. Jean Watson



Cultivating and sustaining a mentoring relationship is an important aspect of the growth and development of the expert Healing Touch Practitioner. The mentor is someone who has the capacity to help you expand your personal concept of being a capable, confident and competent practitioner. The mentor will be assessing and cultivating your case management skills, how you create healing environments and whether you practice within the HTP Scope of Practice in an ethical manner.

Selection of a mentor should be based upon the mentee's exposure or training in healthcare professionalism. An applicant who practices outside of nursing is required to work with a mentor who has a background in nursing and is certified in Healing Touch. Co-mentorship with more than one mentor is accepted and encouraged as long as a qualified primary mentor is designated. This option offers the applicant opportunities to develop practitioner-to-practitioner mentoring.

Requirement:

Participation in a one year apprentice mentorship with a person certified in Healing Touch (HTCP). The mentorship must be completed no more than two years prior to application for certification. Mentorship may exceed one year.

Mentor supervision will be expanded to fulfill the 2009 certification criterion. It will be required to provide:

- Documentation for a minimum of twelve (12) completed contact or conference sessions with your mentor who must be an approved HT Program Certified Practitioner (HTCP). The twelve (12) sessions should contain the following:
 - o Individual contacts which may be done in person, via email or telephone conversation. Mentor contacts include two directly observed Healing Touch sessions and one HT session provided to the mentor.

In the case of long distance mentorship, a designated proxy, or videotape, may be used for the required observed/received sessions.

Submission Guidelines:

Include the following:

- A Mentorship Experience Report addressing the contact frequency with your mentor and pertinent information related to your development as a HT practitioner. Areas to emphasize in the mentor/mentee relationship are: professionalism, ethical issues, case management, personal growth as a healer and other meaningful issues important to you.
- Applicant's signed Assertion of Personal Responsibility form
- A completed Mentor Assessment and Recommendation form
- A mentor Letter of Recommendation indicating general competence of the applicant within a practice setting.

7. Ethics & Professionalism

Knowledge of the ethical and legal framework provided both by the HT program and federal, state and community laws, regulations, guidelines and standards is necessary when starting a practice.



Requirement:

Knowledge and evidence of an ethical framework that guides your practice of Healing Touch.

Submission Guidelines:

Include the following:

- A half page single spaced reflection on your decision regarding the need for and use of an informed consent in your practice
- A one page single spaced report reflecting adherence to the Healing Touch Program Statement of Scope of Practice. Include in this report your personal guidelines for making referrals to other appropriate practitioners. Also provide one example of a referral made during your 100 sessions completed between Levels 4 & 5.

8. Evidence of Healing Touch Practice

“Never doubt that a small group of thoughtful people could change the world. Indeed, it is the only thing that ever has.” Margaret Mead

The purpose of this requirement is to provide an opportunity for the Healing Touch Practitioner to demonstrate the ability to competently manage a case with a client who has a disturbance in the biofield and to demonstrate use of appropriate Healing Touch techniques.

Requirement: (this is a 2 part requirement)

- Part I – Case Study
- Part 2 – Healing Touch Session Documentation

Please use the ten step Healing Touch Sequence format for each requirement. (Refer to Healing Touch Notebook Level 2 pages 46 - 72)

Part I – Case Study

Prepare a Case Study addressing four (4) to five (5) sessions with a client to highlight your abilities to assess the needs of a client, to create and hold a healing space over time, and to provide effective energetic interventions that promote healing. This provides the opportunity to describe and promote your unique talents in a caring relationship, using what you have learned within the Healing Touch Program.

Submission Guidelines:

I. Case Study (10 step format)

The Case Study should be approximately 10 numbered pages, double-spaced in a narrative format. It is understood that practitioners sometimes adjust the order of the first five steps of the session to facilitate a smooth sequential flow from step to step. This is acceptable.

The client’s name should not be included, only initials should be used. Your Case Study should include the following for each reported client session:

1. Intake or Update
2. Practitioner Preparation
3. Pre-Treatment Energetic Assessment
4. Health Issues/Problem Statements
5. Mutual Goals/Intentions for Healing



6. Healing Touch Interventions and rationale for selection of each method
7. Post-Treatment Energetic Assessment
8. Ground and Release
9. Evaluation and Feedback
10. Plan

Include a summary of the following information with your case study.

- Final Evaluation: Summarize how health issues and treatment goals were met or changed over time along with the energetic patterns observed such as specific chakras that were repeatedly compromised, biofield patterns or sensations, issues related to specific body systems or locations, etc.
- Discharge Planning
- Referrals made during the course of treatment. If no referrals were made, explain why.

For cases involving more than 4 – 5 sessions over an extended period, provide a brief summary of the sessions.

Part 2 – Healing Touch Session Documentation

Provide two documented individual client sessions utilizing techniques not included in your Case Study. Various methods/techniques are contained in Levels 1 – 4 course materials. Follow the 10 step HT Sequence for each session. The applicant may use Healing Touch Program documentation forms or choose to describe in narrative format the ten steps of the session.

Documentation forms should be submitted in a legible fashion. Narrative documentations should be in double spaced typewritten format - two page maximum. You may include drawings of pre and post energetic assessments if desired. Include the rationale for the selection of your chosen techniques. (Sample documentation forms can be found in the Appendix of the Level 1 or 2 notebook.)



Appendix

Practitioner Certification Application

Submission Date _____

Name _____
Last First MI

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Include the phone number(s) and email address you want HTP to use for communication:

Home Phone _____ Home Email _____

Cell Phone _____

Work Phone _____ Work Email _____

Other _____

Please fill out and attach the Application Checklist.

SEND PACKET TO:

Healing Touch Certification
Certification Administrator
20822 Cactus Loop
San Antonio, TX 78258

Payment information:

____ Enclosed is a check or money order for \$250.00. Make check payable to HT Certification.

____ Please charge \$250.00 to my credit Card Please Circle One: VISA M/C

Card Number _____ Expiration Date: _____

Three digit safety code _____

Your Signature _____

Office Use Only: Auth # _____ CC Order # _____



Appendix

Certification Application Checklist

To be used as your final checklist to insure all requirements are met and materials included. Include checklist with your application packet. Please organize materials in the same order as the checklist below.

1. Completion of Coursework

- Certificate of Class Completion for each initial Level 1-5
- Certificate of Course Completion signed by the Healing Touch Program Director
- Level 5 Instructor Recommendation form signed by your Instructor
- List of additional Healing Touch classes

2. Professional Resume

- Professional Resume

3. Self Evaluation & Development

- Self Study Summary

4. Self Care Healing Modalities

- List of 10 Self Care Healing Modalities
- Two experiences most beneficial to you
- One least beneficial Experience

5. Educational Resources

- 15 Education Resource Reports
- Summary of Resources by category

6. Supervised Mentorship

- Mentorship Experience Report
- Assertion of Personal Responsibility form
- Mentor Assessment & Recommendation form
- Mentor Letter of Recommendation

7. Ethics & Professionalism

- Reflection on the use of informed consent in your practice
- Report reflecting adherence to Healing Touch Program Statement of Scope of Practice including personal guideline for referrals and an example of a referral

8. Evidence of Healing Touch Practice

- Case Study
- Two documented Healing Touch Sessions



Appendix

Level 5 Instructor's Recommendation for Certification

This recommendation is to be completed by your Level 5 Instructor (Program Director or designated Instructor).

Applicant's Name _____
Last First

Instructor's Name _____
Last First

Dates of Level 5 class _____ Location _____

I recommend _____ for certification
as a Healing Touch practitioner. He/she has completed the Healing Touch Program
coursework and has met all requisites to apply for certification.

Signature _____

Date _____



Appendix

Assertion of Personal Responsibility

I can demonstrate and use all the techniques taught in the Healing Touch classes Levels 1 – 5.

I understand the principles and concepts of using an informed consent form with clients.

The case study included in my application packet describes my unique abilities in a caring-healing relationship, using what I have learned within the Healing Touch Program. It demonstrates my level of proficiency as a competent Healing Touch practitioner and my professional development and practice.

I take personal responsibility for clarifying and interpreting the content and scope of Healing Touch and I maintain confidentiality of my healing activities and the documentation of all care provided.

I have read and understand the Healing Touch Program Code of Ethics and the Scope of Practice and I attest that my practice adheres to these standards.

I take responsibility to obtain and maintain appropriate legal credentials, permissions or qualifications necessary to touch the human body as required in my state or geographical area.

Have you ever been convicted of a felony? Yes No

If yes, please explain.

Signature _____ Date _____

Name _____



Appendix

Mentor Assessment and Recommendation

If you are working with more than one mentor, each mentor must fill out a separate form and submit a letter of recommendation.

I have worked with _____ from _____ to _____, at least a minimum of one year, following their completion of Level 4.

Mentor's Name _____

I am certified as a Healing Touch Practitioner and my certification date or renewal date is _____. My certificate number _____.

I have a nursing background Yes No Credentials or explanation: _____

Address _____

City _____ State/Province _____ Zip/Postal _____

Country _____

Phone _____ Phone (cell) _____

Email _____

The applicant has demonstrated a competent level of practice of Healing Touch.

Yes No

Did the applicant demonstrate understanding and competence in adhering to the Healing Touch Program Code of Ethics and Standards of Practice during the mentorship process?

Yes No

I would seek Healing Touch treatments for myself and refer clients to the applicant.

Yes No

I am recommending this applicant for certification as a Healing Touch Practitioner.

Additional comments. Please explain any "no" answers. Use the back of the page if necessary.

Signature of Mentor _____ Date _____

Include a Letter of Recommendation along with this form indicating the applicant's general competence within a practice setting e.g. a description and evaluation of two supervised sessions, your personal sessions with the mentee, and your overall mentorship experience with this applicant.