



PO Box 130  
Delmar, NY 12054  
518-325-1185  
Fax: 509-693-3537  
E-mail: [nh-pai@therapeutic-touch.org](mailto:nh-pai@therapeutic-touch.org)  
Website: [www.therapeutic-touch.org](http://www.therapeutic-touch.org)

# Qualified Therapeutic Touch Teacher (QTTT) Application Form

## Enclosures

Forms included in the application packet

1. Application Form
2. Biographical Data Form
3. Sample Evaluation Form
4. Blank Grid Form
5. Policy & Procedure for Teacher Mentorship

One complete copy needed if sent electronically

The original and two (2) complete collated copies needed if sent via post.

Name \_\_\_\_\_



PO Box 130  
Delmar, NY 12054  
Tel: 518-325-1185  
Fax: 509-693-3537  
E-mail: [nh-pai@therapeutic-touch.org](mailto:nh-pai@therapeutic-touch.org)  
Website: [www.therapeutic-touch.org](http://www.therapeutic-touch.org)

Dear TTIA Member,

We welcome your interest in becoming recognized by Nurse Healers Professional Associates International/NH-PAI (the credentialing arm of Therapeutic Touch International Association/TTIA) as a Qualified Therapeutic Touch Teacher (QTTT). Credentialing provides mutual benefit for you as a teacher and for TTIA and NH-PAI. Through its recognition processes, the members of NH-PAI and the public can be confident that qualified teachers are being referred.

Upon becoming a Qualified TT Teacher you will also be regarded by NH-PAI, Inc. as a Qualified Therapeutic Touch Mentor as well. Recognition as a QTTT also includes membership in the Therapeutic Touch Teachers Cooperative. Upon being granted QTTT status, your name will be placed on NH-PAI Teachers Referral List and you will be listed on the website.

A processing fee of \$25.00 is required at the time of application. The annual renewal fee for recognition, as a QTTT is \$25.00. The period for which your credentialing is valid is (4) four years.

QTTT peer review process is used to ensure consistency. We look forward to receiving your application. Please allow 4-8 weeks for the peer review process. When we have determined you have met the criteria to be accepted as a QTTT, you will receive an acceptance letter, membership card, and information regarding renewal.

As a QTTT, you will be required to maintain records of all TT programs you participate in and/or teach, along with your students' evaluations. Please be prepared to list all updating when requested to do so.

If you have any questions, please contact us through the TTIA office. We will do our best to assist you or find another QTTT who can do so. We will walk you through the process as needed.

In the Spirit of TT,

**TTIA and NH-PAI Education Committee**

NH-PAI QTTT 9- 2004, 6-2011, 11-2011

Page 2 of 10

Application for Recognition as a Qualified Therapeutic Touch Teacher (QTTT)

Provide following information and required documents. Arrange documents as indicated. Submit \$35.00 application fee (check, money order, VISA or Mastercard accepted); the Application Form; and provide copies for each section as indicated below.

Section A - Original plus Two (2) collated copies of your Biographical Information, Membership Information, and Attestation.

Biographical Data Form

|                  |                            |                                    |
|------------------|----------------------------|------------------------------------|
| Name             | _____                      | _____                              |
|                  | (Name and Degree)          | NH-PAI Membership # and Expiration |
| Home Address     | _____                      | _____                              |
|                  | (Number and Street)        | (E-mail)                           |
|                  | _____                      | _____                              |
|                  | (City, State, Province)    | (Telephone No.)                    |
|                  | _____                      | _____                              |
|                  | (Zip/Postal Code)          | (Country)                          |
| Business Address | _____                      | _____                              |
|                  | (Employer Name/Department) | (Credit Card or Check #)           |
|                  | _____                      | _____                              |
|                  | (Number and Street)        | (Credit Card Exp. Date)            |
|                  | _____                      | _____                              |
|                  | (City, State, Province)    | (Telephone No.)                    |
|                  | _____                      | _____                              |
|                  | (Zip/Postal Code)          | (Country)                          |

Present Position \_\_\_\_\_  
Title & Description \_\_\_\_\_  
\_\_\_\_\_

Education (include basic preparation through highest degree held)

|    | Degree | Year Degree Awarded | Institution (Name, City, State) | Major Area of Study |
|----|--------|---------------------|---------------------------------|---------------------|
| 1. | _____  | _____               | _____                           | _____               |
| 2. | _____  | _____               | _____                           | _____               |
| 3. | _____  | _____               | _____                           | _____               |

**Attestation:** I have completed the application as requested, have provided accurate information for this application, and I agree to practice and teach Therapeutic Touch in accordance with NH-PAI Standards and Scope of Practice, Policy and procedure for Health Professionals and the Code of Ethics Statement of NH-PAI.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**Section B - Original plus Two (2) collated copies - Application Prerequisites**

**(Please send one Certificate of Completion for each of Basic, Intermediate and Advanced.)**

1. List location, instructor, name, and total contact hours for: (1) Basic (formerly called Beginners) Therapeutic Touch (TT) twelve (12) hours after 1999 and 8 prior. (1) Intermediate TT program of fourteen (14) hours and (3) Advanced TT Programs. We recommend that you have a minimum of 3 different Qualified Teachers.

**Basic TT**

Location/Yr \_\_\_\_\_ Instructor \_\_\_\_\_ Contact Hours \_\_\_\_\_

**Intermediate TT**

Location/Yr \_\_\_\_\_ Instructor \_\_\_\_\_ Contact Hours \_\_\_\_\_

**Advanced TT**

Location/Yr \_\_\_\_\_ Instructor \_\_\_\_\_ Contact Hours \_\_\_\_\_

**Advanced TT**

Location/Yr \_\_\_\_\_ Instructor \_\_\_\_\_ Contact Hours \_\_\_\_\_

**Advanced TT**

Location/Yr \_\_\_\_\_ Instructor \_\_\_\_\_ Contact Hours \_\_\_\_\_

2. List of annual updating - please send one Certificate of Completion from your most recent TT workshop

**Workshop/Yr** \_\_\_\_\_ **Location/Hrs** \_\_\_\_\_ **Instructor** \_\_\_\_\_

**Workshop/Yr** \_\_\_\_\_ **Location/Hrs** \_\_\_\_\_ **Instructor** \_\_\_\_\_

**Workshop/Yr** \_\_\_\_\_ **Location/Hrs** \_\_\_\_\_ **Instructor** \_\_\_\_\_

**Workshop/Yr** \_\_\_\_\_ **Location/Hrs** \_\_\_\_\_ **Instructor** \_\_\_\_\_

**Workshop/Yr** \_\_\_\_\_ **Location/Hrs** \_\_\_\_\_ **Instructor** \_\_\_\_\_

**Workshop/Yr** \_\_\_\_\_ **Location/Hrs** \_\_\_\_\_ **Instructor** \_\_\_\_\_

**Section C -Original plus Two (2) copies**

1. List how you personally integrate TT into your life.

---

---

---

---

---

---

---

---

---

---



- 5. Letter of reference from QTTT mentor verifying participation in a TT Teaching mentorship, for a minimum duration of 1 year. (Mentor's TTIA Membership number must be included.) See Policy and Procedure for QTTT Mentorship for inclusion criteria.

**Section D - Original plus Two (2) copies - Curriculum Planning/Teaching/Evaluation (for each level)**

- 1. I adhere to current NH-PAI Teaching Guidelines for each level taught.  
***Initial Levels of recognition you are applying for.***

\_\_\_\_\_ Basic (12 hours) \_\_\_\_\_ Intermediate (14 hours) \_\_\_\_\_ Advanced (14-16 hours)

- 2. Planning-Promotional brochure/flier for each level applied for.
- 3. Curriculum content and format in accordance with NH-PAI curriculum guidelines and policy and procedure for continuing education programs. (Use the grid format included in this packet)
  - a. To calculate contact hours divide total minutes by sixty (60); do not include breaks.
  - b. Content needs to be sufficient in detail and appropriate to each objective.
  - c. Teaching materials need to relate to objectives.
  - d. Presentation methods should support principles of adult education.
- 4. Evaluations
  - a. Include a blank evaluation sample (for each level; see sample provided).
  - b. Include a summary of three (3) different TT program evaluations for each level.



**Nurse Healers—  
Professional Associates International**  
The Official Organization of Therapeutic Touch®

PO Box 130  
Delmar, NY 12054  
Tel: 518-325-1185  
Fax: 509-693-3537  
E-mail: [nh-pai@therapeutic-touch.org](mailto:nh-pai@therapeutic-touch.org)  
Website: [www.therapeutic-touch.org](http://www.therapeutic-touch.org)

## Sample Workshop Evaluation Form (Template)

Program: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Overall Goal: \_\_\_\_\_

**Rating Scale: 5 = Excellent, 4 = Very Good, 3 = Good, 2 = Fair, 1 = Poor**

| Session                         | Title  | 5 | 4 | 3 | 2 | 1 |
|---------------------------------|--|---|---|---|---|---|
| Speaker<br>(Name)               | Teaching Effectiveness,<br>Knowledge, Organization |   |   |   |   |   |
|                                 | Effectiveness of Teaching<br>Methods               |   |   |   |   |   |
| Objectives<br>Met by<br>Learner | List Each Objective Here<br>1.                     |   |   |   |   |   |

|                                      | 5 | 4 | 3 | 2 | 1 |
|--------------------------------------|---|---|---|---|---|
| Objectives Relate to Overall<br>Goal |   |   |   |   |   |
| Physical Facilities Appropriate      |   |   |   |   |   |

Comments: Use reverse if needed

This is an example & template. Does not need to be in this order, but everything needs to be included.





PO Box 130  
Delmar, NY 12054  
Tel: 518-325-1185  
Fax: 509-693-3537  
E-mail: [nh-pai@therapeutic-touch.org](mailto:nh-pai@therapeutic-touch.org)  
Website: [www.therapeutic-touch.org](http://www.therapeutic-touch.org)

## GRID FORM

Name: \_\_\_\_\_

Title of educational activity: \_\_\_\_\_

If working in Word, you can use the “table” function to add cells on to this pre-made table

| <b>OBJECTIVES</b>   | <b>CONTENT (TOPICS)</b>   | <b>TIME FRAME</b>                             | <b>PRESENTER</b>                                  | <b>TEACHING STRATEGIES</b>   |
|---|---|---|---|--|
| List the educational objectives for each presenter which define the expected outcomes for the learner | Provide an outline of the content / topic presented and indicate to which objective(s) the content / topic is related | Provide a time frame for content / topic area | List the presenter for each topic or content area | List the teaching strategies used by each presenter for all topic or content areas |

Use as template or copy as many as needed



PO Box 130  
Delmar, NY 12054  
Tel: 518-325-1185  
Fax: 509-693-3537  
E-mail: [nh-pai@therapeutic-touch.org](mailto:nh-pai@therapeutic-touch.org)  
Website: [www.therapeutic-touch.org](http://www.therapeutic-touch.org)

## NH-PAI POLICY & PROCEDURE QTTT MENTORSHIP

**PURPOSE:** To provide guidelines for Therapeutic Touch teacher mentorship.

**POLICY:** NH-PAI, Inc. recommends a mentor/student arrangement for a minimum of 1 year in order to become a NH-PAI, Inc. Qualified Therapeutic Touch (TT) Teacher. A Qualified TT Teacher (QTTT) will also meet the Guidelines for Qualified Teachers of TT as set forth in the NH-PAI, Inc. Teachers Cooperative.

### **PROCEDURE:**

- 1) Mentoring arrangements consensually created by mentor and student. Teacher Mentoring Agreement/Contract recommended. Length of mentorship may be negotiable related to practitioners experience. Person to person meetings between mentor and teacher(s) are preferred due to the experiential nature of TT. A fee may be a part of the mentoring arrangement; it is neither endorsed nor discouraged.
- 2) Communicate on a regular monthly basis - the schedule to be determined by mentor and student, to discuss experiences, clarify questions and concerns, and problem-solve.
- 3) Document assessment, intervention, client response, and practitioner insights through journaling (or other tool to record care) and share with mentor for evaluation.
- 4) Document teaching experience insights through journaling (or other tool to record care) and share with mentor for evaluation.
- 5) Observe mentor (or QTTT with feedback to mentor) teach once before any co-teaching.
- 6) Co-teach with mentor (or QTTT with feedback to mentor) 2-3 times.
- 7) Solo teach while being monitored and evaluated by mentor 2 times.
- 8) Mentor required to write a letter of reference about the student to be used during the application process to become recognized as a QTTT.
- 9) Automatic membership in the NH-PAI, Inc. TT Teachers Cooperative upon acceptance.

### **Structure for Mentorship**

A mentor is one who maintains good standing in the NH-PAI, Inc. TT Teachers Cooperative.

In addition, a Mentor will:

1. Participate in regular consistent practice of TT for a minimum of 5 years.
2. Actively pursue the integration of Therapeutic Touch into their lifestyle.
3. Participate in Advanced Invitational Healers Workshops, or similar retreats at least once every 3 years.
4. Provide service to the TT Teachers Cooperative as defined by the membership of the Cooperative.

© NH-PAI 10/96. Revised 8/97, 11/6/97, 12/1/97, 2/98, 5/98, 9/98, 11/98, 3/99, 6/02, 6/03, 11/11. This material may not be reproduced without written permission from NH-PAI, Inc.. When this Policy & Procedure is used as a resource, please acknowledge NH-PAI, Inc. as the source.