



P.O. Box 130
Delmar, NY 12054
518-325-1185
Fax: 509-693-3537
E-mail: nh-pai@therapeutic-touch.org
Website: www.therapeutic-touch.org

Application Form & Process

for becoming a

Qualified Therapeutic Touch Practitioner (QTTP)

&

Qualified Therapeutic Touch Teacher (QTTT)

For those practicing and teaching prior to the year 2000

1. To apply for QTTP: Complete Sections A through C
2. To apply for QTTT: Complete Sections A through E
3. You may submit Sections A and C (QTTP) prior to Section D and E (QTTT) or submit all at once (QTTP & QTTT)

Enclosures

Forms included in the application packet

1. Application Form
2. Biographical Data Form
3. Educational Grid for each level you are applying for: Basic, Intermediate, and/or Advanced
4. Letter from QTTT (with membership number) who has observed and/or taught with you
5. Letter from student documenting her/his experience in your class

One complete copy needed if sent electronically
Original needed if sent via post.

Name _____ Membership # _____

[Type text]



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Dear TTIA Member,

Therapeutic Touch International Association (TTIA) welcomes your interest in becoming recognized by NH-PAI (the credentialing arm of TTIA) as a Qualified Therapeutic Touch Practitioner (QTTP) &/or a Qualified Therapeutic Touch Teacher (QTTT). Credentialing provides mutual benefit for you as a practitioner, teacher and for Therapeutic Touch. Through its recognition processes, the members of TTIA and the public can be confident that qualified practitioners and teachers are being referred.

This particular application process is for practitioners and teachers who have practiced and taught TT in the years prior to 2000.

Upon becoming a Qualified TT Teacher, you will also be considered by NH-PAI, Inc. to be a Qualified Therapeutic Touch Mentor. Upon being granted QTTT status, your name will be placed on the TTIA Teachers List on the website, and inquiries from your area will be forwarded to you. 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.

Recognition as a Qualified TT Teacher is specific to the levels of TT for which you are making application (Basic, Intermediate and/or Advanced). The annual fee (\$25.00 payable with your membership renewal) remains the same regardless of whether you are applying as a teacher for one, two or all three levels.

As a QTTT, you will be required to maintain records of all TT programs you participate in. Please be prepared to list all updating when requested to do so. 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. If you have any questions, please contact the office.

In the Spirit of TT,

Education Trustee

TTIA/NH-PAI

QTTT Application for those teaching before 2000© 2-2012 NH-PAI, Inc.

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

For those who have practiced and taught TT prior to the year 2000

Provide following information and required documents. Arrange documents as indicated. Submit \$25.00 application fee (check, money order, VISA or Mastercard accepted); the Application Form; and provide copies for each section as indicated below.

Section A - Original 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
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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 of the NH-PAI.

Signature _____

Date _____

Section B - Original - Application Prerequisites

(Please send one Certificate of Completion for each of Basic, Intermediate and Advanced. If you no longer have certificates, please list.)

- 1. List location, instructor, name, and total contact hours for: (1) Basic (formerly called Beginners) Therapeutic Touch (TT) twelve (12) hours, (1) Intermediate TT program of fourteen (14) hours and (1) Advanced TT Programs. Must 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 _____

- 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

- 1. Describe how and where you have practiced and taught TT and the populations you serve.

4. Describe your plans for maintaining competency.

Section D - Letters of Reference and Outline of Class Schedules

- 1. Letter of reference from a peer or mentor (QTTT with TTIA membership number) describing the quality of your teaching and how you have contributed to the development of TT.
- 2. Letter of reference from a student, documenting her experience with you.

Section E - Original plus two (2) copies - Educational Grids

1. I adhere to current NH-PAI Teaching Guidelines for each level taught.

Initial Levels applying for. (Available on TTIA web-site)

_____ **Basic (12) hours** _____ **Intermediate (14) hours** _____ **Advanced (16) hours**

2. Outline of your class schedule for each level you are seeking recognition for including dates and locations of latest classes taught.



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GRID FORM

Name: _____

Title of educational activity:

If working in Word, you can use the "table" functions to add cells to this pre-made table

OBJECTIVES	CONTENT (TOPICS)	TIME FRAME	PRESENTER	TEACHING STRATEGIES
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

When this document is used as a resource, please acknowledge NH-PAI, Inc. as the source.