Dear [ ]:

As members of the Credentialing Committee of Nurse Healers International Association, Inc. (NH-PAI) and Therapeutic Touch International Association (TTIA) (the membership arm of NH-PAI), we welcome your interest in becoming recognized as a Qualified Therapeutic Touch Practitioner (QTTP). Credentialing provides mutual benefit for you as a practitioner and for NH-PAI/TTIA. Through its recognition processes, the members of TTIA and potential TT recipients can be confident that qualified practitioners are being referred.

The Policy & Procedure of Credentialing with contact information can be found on the attachments. The QTTP application process is used for practitioners who have completed the minimum of a one year mentoring program with a Qualified Teacher or a Qualified Practitioner who has 5 years of experience practicing Therapeutic Touch. A processing fee of $25.00 is required at the time of application. The period for which your credentialing is valid is (4) four years.

After four years as a QTTP and every four years subsequent to that you are required to renew your QTTP status. A statement of your activities related to Therapeutic Touch over the prior four years must be submitted to TTIA. This information is then peer reviewed. The renewal fee for recognition as a QTTP is $25.00 annually, or you may pay $100.00 in advance for four years.

We look forward to receiving your application. Please allow 4-8 weeks for the peer review process. When we have determined that you meet the criteria for recognition as a QTTP, you will receive an approval letter, credential card, and information regarding renewal of your credentials.

If you have any questions, please contact us through the TTIA office. We will do our best to assist you, and we will walk you through the process as needed.

In the Spirit of TT,

TTIA and NH-PAI Credentialing Trustee

Attachments
**POLICY & PROCEDURE**

**Credentialing Process to be Recognized as a Qualified Therapeutic Touch Practitioner (QTTP)**

- Complete a *Foundations of Therapeutic Touch* (Basic) Program
  - Minimum of 12 Hours
  - Taught by a NH-PAI Qualified Therapeutic Touch Teacher (QTTT)

- Complete a *Transpersonal Nature of Therapeutic Touch* (Intermediate) Program
  - Minimum of 14 Hours
  - Taught by a NH-PAI Qualified Therapeutic Touch Teacher
  - May be taken approximately 3-6 months after completing the *Foundations of TT* (Basic) Program

- Work under the guidance of a mentor over a minimum of one year
  - Mentor is a QTTT or QTTP with five years of experience practicing TT
  - The 1 year period may begin after completing the *Foundations of TT* (Basic) program
  - Participation in 36 hours of consultation and guidance may be accomplished in person; via phone or online conferencing; e-mail; or other long distance mentoring practices agreed to by student and mentor. A minimum of once monthly communication between the mentor and student is recommended. These 36 hours are in addition to the Programs listed above.
  - Practice TT an average of two times per week; documenting at least 75 sessions on TTIA appropriate forms that are reviewed with the mentor
  - Maintain a Reflective Practice Journal

- Materials required for Application to be recognized as a QTTT include
  - Submission of completed Application Forms and application fee; including:
    - Current TTIA membership number with expiration date
    - Copy of Mentorship Agreement signed by both mentor and student
    - Signed reference letter of eligibility for recognition as a QTTP from the mentor
    - Documentation of 6 Single Session Case Studies on TT CARER NOTES
    - Documentation of a Longitudinal Case Study over a minimum of a one month period, which includes:
      - Documentation using the Longitudinal Case Study Form, and
      - At least three (3) TT sessions documented on TT CARER NOTES

If you have been practicing Therapeutic Touch prior to the year 2000 and have questions/concerns regarding the requirements, please contact TTIA office for assistance in your process of becoming recognized as a QTTP.
POLICY & PROCEDURE
THERAPEUTIC TOUCH PRACTITIONER MENTORSHIP PROCESS

PURPOSE: To establish guidelines for Therapeutic Touch Practitioner Mentorship.

POLICY: Therapeutic Touch International Association (TTIA) recommends a mentoring arrangement between a novice TT student and a Qualified Therapeutic Touch Teacher (QTTT) or a Qualified Therapeutic Touch Practitioner (QTTP) with five years of experience for a minimum of one (1) year prior to the novice TT student making application for recognition as a Qualified Therapeutic Touch Practitioner (QTTP) by Nurse Healers-Professional Associates International, Inc. the credentialing entity of Therapeutic Touch International Association. The programs to learn TT must be taught by a QTTT.

PROCEDURE:
1. A TTIA Mentorship Agreement is mutually signed,
   a) Mentoring arrangements consensually created by mentor and student.
   b) Length of mentorship is negotiable as related to student’s experience.
   c) Minimum length is one (1) year.
   d) Communication and guidance through regularly scheduled meetings in person; via phone or online conferencing; e-mail; or other long distance mentoring practices
   e) Mentorship arrangements may be modified to meet needs and accessibility.
   f) A fee may be a part of the mentoring arrangement; it is neither endorsed nor discouraged.
2. Students need to practice TT consistently an average of two (2) times a week, and
   a) will document a minimum of 75 TT sessions on appropriate TTIA Forms for review and feedback by the mentor;
   b) should practice with different people to gain a variety of experiences.;
   c) may negotiate with mentor for additional TT sessions and documentation depending on the evolving learning needs and competencies of the student.
3. Student and mentor will communicate at regularly scheduled times.
   a) Communications may be face-to-face, via online conferencing or email
   b) Communications include, but are not limited to discussion of experiences, clarifying questions and concerns, and problem solving.
4. The student will create and maintain a Reflective Journal focusing on personal and professional development and changes over the period of the mentorship relationship.
5. It is the responsibility of the student to contact the mentor for dialogue and feedback regarding any questions or concerns as needed.

Mentorship, QTTP Application, and Policies are available at www.therapeutictouch.org, including:
- Therapeutic Touch Practitioner Mentorship Agreement with sample
- QTTP Application packet;
- TT CARER NOTES Instructions
- TT CARER NOTES: Single Treatment Case Study Table & Human Energy Field Cue Form
- TT CARER NOTES: Longitudinal Case Study & Human Energy Field Cue Form
- Guidelines of Recommended Standard Scope of Practice for Therapeutic Touch.
- Therapeutic Touch P&P for Health Professionals.
- Code of Ethics for the Practice of Therapeutic Touch

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Nurse Healers-Professional Associates International (NHPAI) is the credentialing body of Therapeutic Touch International Association (TTIA)
Qualified Therapeutic Touch Practitioner (QTTP)

Application Instructions

Provide required information, materials and documents for each section in the order indicated below.

Submit $25.00 application fee (check, money order, VISA or Mastercard accepted):

Included in the QTTP Application Packet:

1. Application Instructions, Submission Method and Payment Information (p. 5)
   A. Biographical Data Form and payment information (p. 6 & 7)
   B. Application Prerequisites (p. 8)
   C. Applicant’s TT Experience (p. 8 & 9)
   D. Written Case Studies (9)
      a. TT CARER NOTES Instructions & Process Questions (p. 10-11)
      b. Personal TT Human Energy Field Cue & Symbol Reference Chart (p.12)
      c. Single Case Study Table & Human Energy Field Cue Form (p. 13-15)
      d. Longitudinal Case Study & Human Energy Field Cue Form (p. 16-18)

Submission Method – check one

<table>
<thead>
<tr>
<th>Application via email or fax:</th>
<th>Application via postal service or mail:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Send TWO (2) Complete copies of required documents:</td>
<td>Send FOUR (4) Complete copies of required documents:</td>
</tr>
<tr>
<td>ONE (1) set WITH name and identifying information AND ONE (1) set WITHOUT name &amp; identifying information</td>
<td>ONE (1) set WITH name and identifying information AND THREE (3) sets WITHOUT name &amp; identifying information</td>
</tr>
</tbody>
</table>

Name ________________________________

Method of Payment [ ] Credit Card Type __________ Card # __________________________
Expiration Date __________

[ ] Check Check # ________

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Nurse Healers-Professional Associates International (NHPAI) is the credentialing body of Therapeutic Touch International Association (TTIA)
Application for Recognition as a Qualified Therapeutic Touch Practitioner (QTPP)

Section A - Biographical & Membership Information, Payment Information, and Attestation.

<table>
<thead>
<tr>
<th>Name and Degree</th>
<th>TTIA Membership # and Expiration Date</th>
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<tbody>
<tr>
<td>Home Address - Number and Street (APT#)</td>
<td>Email</td>
</tr>
<tr>
<td>City, State, Province</td>
<td>Telephone #</td>
</tr>
<tr>
<td>Zip/Postal Code</td>
<td>Country</td>
</tr>
<tr>
<td>Present Position</td>
<td>Title</td>
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Role Description and Responsibilities:

<table>
<thead>
<tr>
<th>Education (include basic preparation through highest degree held)</th>
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<tbody>
<tr>
<td>Degree</td>
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Attestation:

I have completed a mentorship experience, which lasted ______ (at least 1 year). I certify that I have provided accurate information for this application, and agree to practice Therapeutic Touch in accordance with Standards and Scope of Practice, the Policy & Procedure for Healthcare Professionals (as applicable), and the TTIA Code of Ethics.

Signature __________________________ Date _____________________
Briefly describe your practice of Therapeutic Touch. How does your practice of Therapeutic Touch contribute to your professional experiences or areas of expertise? (this table expands as needed.)
Section B - Application Prerequisites

☐ 1. List location, instructor name, and total contact hours for: Foundations of Therapeutic Touch (Basic) Program with a minimum of twelve (12) hours after 2000, and Transpersonal Nature of TT (Intermediate) Program with a minimum of fourteen (14) hours.

Please include copies of certificates of completion with your application.

<table>
<thead>
<tr>
<th>Foundations of TT or Basic TT</th>
</tr>
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<tbody>
<tr>
<td>Location/Yr</td>
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</table>

<table>
<thead>
<tr>
<th>Transpersonal TT or Intermediate TT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location/Yr</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certificate of Successful Mentorship Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location/Year</td>
</tr>
</tbody>
</table>

☐ 2. Name of Mentor | Current TTIA Member# |

Expiration date | as a ___QTIT or ___QTTP with 5 years of experience (Check one)

Section C - Applicant’s TT Experience (tables expand as needed)

1. Describe how your approach to centering has developed over time.

2. Describe personal or professional changes you feel were influenced by your learning and practicing TT.

3. Describe frequency and duration of TT sessions with types of population served.

4. Describe the ways in which TT is incorporated into your personal and professional life.
5. Describe your plans to maintain competency in your practice.

6. Describe how you met the 36 hour minimum of mentoring with your mentor.
Section D - Written Case Studies

Use the following forms - these may be copied and saved as separate files so you can complete them electronically.

1. Six (6) separate Single Case Studies documented on TT CARER NOTES Forms (see attached form, which may be copied).

2. One (1) completed longitudinal case study relates to TT treatments for the same person over a period of at least one month (the duration of the case may be longer but may not be less than one month)

   Documentation of the Longitudinal case study includes:

   • Longitudinal Case Study Form (Narrative) and
   • Three (3) Single Case Studies documented on TT C.A.R.E.R. Notes:
     one from your first session,
     one from the middle, and
     one from your last session with this Hp.
TT C.A.R.E.R. Notes® Instructions and Forms

1. Documenting each TT Session is a valuable part of your ongoing learning process*. The TT C.A.R.E.R Notes® forms are used as a template for your TT documentation and are available on the TTIA website www.therapeutictouch.org
   a. Single Case Study Table & Human Energy Field Cue Form for class, mentoring and QTTP application
   b. Longitudinal Case Study & Human Energy Field Cue Form for mentoring and QTTP application

2. Typed or printed documentation of TT sessions is required for Qualified Therapeutic Touch Practitioner (QTTP) Application. Include descriptions of experiences and perceptions during:
   C - Call to Compassion (preparation, centering, and intention).
   A - Assessment (approach to obtaining and seeking energetic cues; plan).
   R - Rebalancing & Reassessment (physical, mental, and emotional activities to help).
   E - Ending & Evaluation (knowing when session is done and recognizing changes).
   R - Reflection & Recall (appraising experience, self-inquiry, insights)

3. Use the Personal TT Human Energy Field Cue & Symbol Reference Chart (Personal Chart) on page 12 to represent the human energy field (HEF) cues you perceive or experience during assessments and reassessment of the Healing Partner (Hp)*.
   • There are examples of cues & symbols on the chart for your use.
   • Create your own illustrations or symbols of human energy field cues.
   • Use black or colored lettering for Personal Cues & Symbols (use 3 distinct colors).
   • The terms at the bottom of your Personal Chart may help you describe HEF field cues you perceive or experience; add your own words & definitions.
   • Submit your Personal Chart of Cues & Symbols when you submit your TT C.A.R.E.R Notes® to your mentor/teacher and with your application for QTTP.

4. Use TT Process Questions on page 10 to guide documentation and reflections of sessions.

5. Use The Human Energy Field Cue Form to document the cues and the locations of energy cues you perceived or experienced during each TT session.
   • Record cue symbols or draw HEF characteristics perceived or experienced during the initial and final assessments.

*You may choose one of the following words when referring to the person who receives TT: healee, healing partner, client, patient, or recipient.
Therapeutic Touch (TT) Process Questions

Call to Compassion – (a process of initiating a compassionate relationship/connection with another person)
- Describe how you learned the Healing Partner Hp needed help or healing
- What was your APPROACH (invitation to participate, breathe to relax) to connecting with the person?
- How did you prepare yourself for the session?

Centering:
- Describe how you center for each TT session and note changes in the process.
- How do you know you are centered? If you “fell off center” how did you return to Center?
- What process(es) did you use to sustain your centeredness?

Intention
- What is your overall intention for this TT session with this client?

Assessment:
- What OUTREACH (moving hands and personal field to seek subtle energy cues) method(s) did you employ, i.e. activation of your chakras?
- How did you SEARCH (pick up information) for energetic cues in the human energy field?

Background information:
- Assess and describe the environment (health care setting/home/TT group practice session, etc.).
- Record information about the Hp’s relevant history, current concern or need.
- If appropriate record: Vital Signs before TT (BP/P/R/Temp) and rate Pain &/or Anxiety (Scale of 0-10)
- Describe your initial assessment of the Hp’s human energy field (cues) using symbols and drawings to illustrate the energy cues you perceived or experienced & describe what each means.
- Outline your TT plan based upon the initial assessment.

Rebalancing & Reassessment – (process to help Hp regain balanced state of health; when healing occurs):
- What mental intentions or thoughts guided or informed your actions?
- What actions/intentions did you use (clearing/color/imagery/modulation/cold/heat/grounding, etc.)?
- What did you do with your hands and why?
- Describe your reassessments during your TT session. What changes in cues did you notice?
- Describe how the reassessments guided your intentions and actions.

End & Evaluation:
- How did you know then the session was DONE (cues that tell you the session is complete)?
- Describe the Hp’s energy field at the end of the session.
- How did you end or close the TT session?
- How long was this TT session? Did the Hp have a rest period after the TT session?
- How did you leave the Hp after the session? (laying down, sitting, standing)
- If appropriate: record Vital Signs and rate pain & anxiety levels after TT session/rest period.
- What did you do during the rest period?
- What, if any, homework or OWNWORK did you suggest for the Hp?

Reflection and RECALL (spontaneously remember some aspect of the Hp or session in dream, reflective self-inquiry, or reverie):
- Describe the communication you had with the Hp after the TT session.
- Share any of your impressions or personal insights from this TT session.
- What did you learn about the Hp?
- What did you learn about yourself?
- What did you learn about TT?
- How will you apply insights from this session to future TT sessions and knowledge?
- Recall thoughts or insights that come to you after you process the session.
Name________________________________________

Personal TT Human Energy Field Cue & Symbol Reference Chart
Use black or colored lettering (limit to 3 dark colors such as red/purple/blue)

CC  = Cool

WW  = Warm

HH  = Hot

Brr  = Cold

HC  = Hollow coldness

###  = Congestion

~~  = Magnetic pulling/drawing

++  = Fullness

**  = Tingling

shocks

=" =

=" =

=" =

=" =

Example of terms used to describe perceptions or experiences of cues:
feels like...heavy/empty/stickiness/flowing/dampness/smooth/ ache/pushing-in/pushing-out/tingling/dense/bulge or hole/cool/warm/hot/cold/wavy/prickly/cramps
smells like...
tastes like...
sounds like...
color ....

impressions or thought forms...clouds - water flowing... ideas that illustrate energy characteristics...
**TT C.A.R.E.R. NOTES®**

Single Case Study Table & Human Energy Field Cue Form

(may be copied & saved separately for each case)

<table>
<thead>
<tr>
<th>Date:<strong>/</strong>/__</th>
<th>Session #:</th>
<th>Practitioner Initials:</th>
<th>Hp Initials:</th>
<th>Setting/Location:</th>
</tr>
</thead>
</table>

#### C: Call to Compassion

<table>
<thead>
<tr>
<th>How did you know the Hp needed help or healing?</th>
</tr>
</thead>
</table>

**Approach** used to connect with Hp

<table>
<thead>
<tr>
<th>How did you Center?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How did you sustain your Center?</th>
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</table>

<table>
<thead>
<tr>
<th>Intention for the session</th>
</tr>
</thead>
</table>

#### A: Assessment

<table>
<thead>
<tr>
<th>Describe your <strong>Outreach</strong> to Hp</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How did you <strong>Search</strong> for energetic cues?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe/rate vital signs, pain, anxiety (as applicable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe Initial energy cues <em>(draw symbols on HEF–Cue Form)</em></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe initial plan to help Hp</th>
</tr>
</thead>
</table>
### R: Rebalancing and Reassessment

<table>
<thead>
<tr>
<th>What actions/intentions were used to <strong>Rebalance</strong> HEF based on</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in HEF patterns during session</td>
</tr>
<tr>
<td>Changes in plan based on <strong>Reassessments</strong></td>
</tr>
</tbody>
</table>

### E: End and Evaluation

<table>
<thead>
<tr>
<th>How did you know when the session was <strong>Done</strong>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How did you end/close the session?</td>
</tr>
<tr>
<td>Length of Session</td>
</tr>
<tr>
<td>Hp position, rest, vital signs, pain, anxiety (as applicable)</td>
</tr>
<tr>
<td>What homework did you suggest for the Hp?</td>
</tr>
</tbody>
</table>

### Reflections/Recall

<table>
<thead>
<tr>
<th>Describe communication with Hp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impressions/Personal Insights</td>
</tr>
<tr>
<td>What did you learn about the Hp?</td>
</tr>
<tr>
<td>What did you learn about yourself?</td>
</tr>
<tr>
<td>How will you apply information/knowledge gained in future TT sessions?</td>
</tr>
</tbody>
</table>

### Recall – Thoughts or insights after session; Ahas
HUMAN ENERGY FIELD – CUE FORM

Date: ___/___/___ Practitioner Initials: _____ Hp Initials: _____ Session #: ___ Location __________

Draw cues you perceived in the energy field during your initial TT assessment

Draw cues you perceived in the energy field during your final reassessment

Additional Documentation:
TT C.A.R.E.R. NOTES®
LONGITUDINAL CASE STUDY & Human Energy Cue Form
(may be copied and saved as a separate document)

Practitioner: __________________________ Date: __________________

Patient/Client Initials: __________________________ Age: ____ Male: ___ Female: ___

Consent given by [   ] patient/client, [   ] family, [   ] parent  Number of sessions: _________

Frequency (daily, weekly, etc.) _____________ Average Duration of sessions _________

Referral Source (as applicable)_________________________________________________________________

This is a narrative observation of the changes in a person’s energy field over a one month minimum treatment period. In addition to the narrative, please also submit three Single Case Study Table & Human Energy Field Cue Forms - your first session, one from the middle, and your last session with this Hp.

1. DESCRIBE PATIENT/CLIENT’S NEED FOR HELP OR HEALING, including related health care/medical history and any additional therapies, as appropriate.

2. PSYCHOSOCIAL HISTORY: Describe, as appropriate, information that supports your developing relationship with patient/client, for example - family and living situation, support systems, work, educational and vocational status, any mental health or addiction issues.

3. APPROACH: Describe how you approached the patient/client and initiated a healing relationship with the client through sustained centering and intention.
4. **ASSESSMENT:** Give a description of the patient/client’s dynamic energy field. Include sensory cues, any perceived differences, and your interpretation of energetic cues as to whether they represented congestion, deficit, diminished flow, etc. Also include intuitive impressions and overall sense of the field.

5. **PLAN:** Outline initial and subsequent plans to rebalance patient/client, reasons for changing plans over time.

6. **DESCRIPTION OF INTERACTION:** Describe the actual TT process along with pertinent information about your interactions with the patient/client’s dynamic energy field. Include changes in your approach or any imagery/visualizations based on reassessments to facilitate re-patterning and wholeness.

7. **EVALUATION/REASSESSMENT:** Describe ways the dynamic energy field changed by the completion of each session and how the final assessments informed subsequent TT sessions. How did you know when each session was complete?

8. **RESPONSE/FEEDBACK:** Objective data (i.e. monitor change, vital sign changes, relaxation response, etc.) as available, and subjective data as able, (i.e. patient/client comments about the TT experience, family/caregivers, and staff comments). Include ease or difficulty in maintaining centeredness for the practitioner.

9. **REFLECTIONS/RECALL:** Describe your personal insights and/or what impact the healing relationship with this patient/client had on you as a Therapeutic Touch Practitioner and your relationship with your inner self. What new knowledge of TT or yourself will you apply to future healing relationships?

10. **REFERRALS:** Did you use any other therapies with this person? Did you make referrals to other health professionals?
HUMAN ENERGY FIELD – CUE FORM

Date: ___/___/___ Practitioner Initials: _____ Hp Initials: _____ Session #: ___ Location________

Draw cues you perceived in the energy field during your initial TT assessment

Draw cues you perceived in the energy field during your final reassessment

Additional Documentation: