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THERAPEUTIC TOUCH INTERNATIONAL ASSOCIATION

QTTP RENEWAL FORM

Dear _____,

Your membership as a Qualified TT Practitioner (QTTP) is due for renewal. Renewal consists of submitting the following:

1. _____ Yearly fee of \$25.00 (separate from regular TTIA membership dues). Recognition as a Qualified Therapeutic Touch Practitioner is valid for 4 years, at which time you will receive notice for renewal.
2. _____ Signed attestation.

Please fill out this form and submit the above to the NH-PAI office as soon as possible. Your materials will be reviewed and as approved, a new QTTP certificate will be sent to you.

Name: _____

Last

First

Address: _____

Street or PO BOX

City

State

Zip

Phone: _____

Home

Work

Fax

E-Mail: _____

Degree(s)/License(s): _____

Profession: _____

Years Experience as a TT Practitioner: _____

Briefly describe your TT practice or submit 3 case studies. Please list additional TT Expertise, i.e. Neonates; same day surgery, ICU, Geriatrics, etc. _____

Attestation: I certify that I have provided accurate information for this application, and agree to practice Therapeutic Touch in accordance with the Standards and Scope of Practice, the P&P for Healthcare Professionals, and the Code of Ethics for the NH-PAI/TTIA.

Signature _____ Date _____