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THERAPEUTIC TOUCH INTERNATIONAL ASSOCIATION (NH-PAI is the credentialing branch of TTIA)

QTTT RENEWAL FORM

Dear

Your recognition as a Qualified TT Teacher (QTTT) is due for renewal. Renewal consists of submitting the following:

1. _____ Your QTTT recognition status is good for four (4) years. The fee for this four year recognition is \$100.00. This fee may be paid yearly (\$25.00 per year) or as a one-time fee of \$100.00.
2. _____ Signed attestation (see below)

Please fill out this form, sign below, include payment and submit to the above address as soon as possible. Make checks payable to: NH-PAI. Your renewal will be reviewed and when approved, a new QTTT 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 Teacher: _____

Include a brief description of your TT practice and workshops/classes taught in the past 4 years.

Please list additional TT Experience & Expertise:

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

Signature _____ Date _____