Therapeutic Touch International Association &

Nurse Healers-Professional Associates International, Inc. PO Box 130 Delmar, NY 12054

518-325-1185 Fax: 509-693-3537

[www.therapeutictouch.org](http://www.therapeutictouch.org/) E-mail: TTIA@therapeutictouch.org

#### Dear [ ]:

We welcome your interest in becoming recognized as a Qualified Therapeutic Touch Practitioner (QTTP) by Nurse Healers Professional Associates International/NH-PAI (the credentialing arm of Therapeutic Touch International Association/TTIA). Credentialing provides mutual benefit for you as a practitioner and for TTIA and NH-PAI. Through its recognition processes, the members of TTIA and the public can be confident that qualified practitioners demonstrate the competencies to practice Therapeutic Touch.

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.

The initial processing fee of $25.00 US is required at the time of application. This becomes your first-year fee upon approval. Recognition as a Qualified TT Practitioner is valid for 4 years. The annual fee is $25.00 US payable with your credentialing renewal each year of the recognition period, or $100.00 US for 4 years. A statement of your activities related to your experience practicing Therapeutic Touch during the recognition period must be submitted for peer review at the time of renewal.

NH-PAI uses a peer review process to ensure consistency and fairness. Please allow time for the peer review process, which takes approximately 4-6 weeks after receipt of all application materials. When the peer reviewers determine that you meet the criteria to be recognized as a QTTP, you will receive a recognition letter, QTTPractitioner card and information regarding QTTP renewal. Upon being granted QTTP status your name will be placed on TTIA Practitioners Referral List and you will be listed on the TTIA website.

**Resources related to TT Standards of practice, ethics, QTTP Recognition and Mentorship, TT C.A.R.E.R. NOTES Instructions and related forms are available under Practitioner Resources at** [www.therapeutictouch.org](http://www.therapeutictouch.org/)

We look forward to receiving your application. If you have questions, please contact TTIA at ttia@therapeutictouch.org or at 518-325-1185. We will assist you or refer you to a QTTT mentor.

In the Spirit of TT,

TTIA and NH-PAI Credentialing Committee

**Application for Recognition as a**

**Qualified Therapeutic Touch Practitioner (QTTP)**

**Application Requirements - Forms included in the application packet**

1. Completed Biographical Data Form and application fee (submitted separately via online or mail)
2. Submit one completed copy of the following Application Materials, organized in order of sections, if sent electronically. If sent via standard mail, include the original and one copy of the materials, organized in order of the sections, with your name removed from the copy:
3. Completed Application Form and required documents
4. Letter from Mentor and signed TT Mentorship Agreement
5. Written Case Studies (forms available at [www.therapeutictouch.org](http://www.therapeutictouch.org))
6. Personal TT Human Energy Field Cue & Symbol Reference Chart
7. Six (6) TT C.A.R.E.R Notes for Single Case Studies with Human Energy Field Cue Forms
8. One (1) Longitudinal Case Narrative Form for a selected Healing Partner and three (3) TT C.A.R.E.R. Notes with Human Energy Field Cue Forms (See application instructions for details)

Name TTIA Membership #

[Type text]

 **Application Fee and Biographical Data Form**

**for Recognition as a Qualified Therapeutic Touch Practitioner (QTTP)**

**Instructions:**

1. **Complete the following, including Biographical Data Form and Attestation.**
2. **Submit with $25.00 application fee and indicate your payment method (check, money order, American Express, VISA or Mastercard accepted). Provide: Name on Card, Company, Credit card number, expiration date and security code**

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1. **Under separate cover, submit the Application Form and required materials for each section**
2. **Submit A, B, C, and D electronically (1 copy of required materials) or by standard mail (2 copies, 1 with name removed).**

**Biographical Data Form**

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| **Name & Degree** |  | **TTIA membership #** |  |
| **Home Address: number & street**  |  |
| **City, state or province, Zip/postal code & country** |  |
| **Email** |  | **Phone/mobile #** |  |
| **Present position/title**  |  |
| **Role description** |  |
| **Employer Name/Dept.**  |  | **Telephone #** |  |
| **Business Address: number & street**  |  |
| **City, state or province, zip/postal code, country** |  |

**Education through highest degree held**

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| --- | --- | --- | --- |
| **Degree** | **Year Degree Awarded** | **Institution (name, city, state)** | **Major Area of Study** |
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**Briefly describe your professional experience or areas of expertise (including list of publications, professional certifications), which contribute to your practice of Therapeutic Touch. (box expands as you type)**

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**Attestation:** I have completed the application and provided accurate information for this application, including a formal mentorship which lasted \_\_\_\_\_\_\_ (at least 1 year). I agree to practice Therapeutic Touch in accordance with *TTIA Policy and Procedure for the Practice of Therapeutic Touch, Guidelines and Standards for the Practice of Therapeutic Touch and the TTIA Code of Ethics.*

Electronic Signature: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TTIA APPLICATION FOR RECOGNITION AS A QUALIFIED THERAPEUTIC TOUCH PRACTITIONER**

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| **Name & Degree** |  | **TTIA membership #** |  |
| **Home Address: number & street**  |  |
| **City, state or province, Zip/postal code & country** |  |
| **Email** |  | **Phone/mobile #** |  |

**Section A - Required information and documentation of TT education and preparation**

Submit electronically 1 collated set of all required documents in order by section or via standard mail 2 collated sets, 1 Original and 1 copy with name removed.

1. List dates, location, instructor, title of courses, and contact hours attended for each *Foundations of Therapeutic Touch* (formerly Basic) and *Transpersonal Nature of Therapeutic Touch* course attended and providea copy of the Certificate for each course (you may attach a listing with additional courses if needed).

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| ***Foundations of TT*** |  |  |  |
| Year & location |  | Instructor |  | Contact Hrs |  |
| Year & location |  | Instructor |  | Contact Hrs |  |
| ***Transpersonal Nature of TT*** |  |  |  |
| Year & location |   | Instructor |  | Contact Hrs |  |
| Year & location |  | Mentor |  | Contact Hrs |  |

1. List of title of most recent workshops, instructor, and contact hours and **copy of the certificate for each** (you may attach a listing with additional courses as needed).

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| --- | --- | --- | --- | --- | --- |
| Workshop &Yr |  | Instructor |  | Contact Hrs |  |
| Workshop &Yr |  | Instructor |  | Contact Hrs |  |
| Workshop &Yr |  | Instructor |  | Contact Hrs |  |

1. Documentation of Successful Mentorship Completion (Minimum of 36 hours required)

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| --- | --- | --- | --- | --- | --- |
| Name of Mentor |  | Current TTIA Member # |  | Expiration Date as QTTT or QTTP with 5 years of experience |  |
| Dates of Mentorship |  | Contact Hrs |  |

**Section B – Respond to questions regarding preparation for recognition as a QTTP - (boxes expand as you type):**

1. Describe how and where you have practiced TT and how often you practice.

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1. Describe the people or populations you serve.

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

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1. Describe how your meditation or centering practice contributes to your ability to practice TT.

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1. Describe the ways in which TT is incorporated into your personal and professional life.

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1. Describe your plans for updating your knowledge, skills and ability regarding the practice and teaching of TT.

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1. Describe how you met the 36 hour minimum of mentoring with your mentor.

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**Section C –Documents regarding Mentorship**

1. A letter of recommendation from your mentor (QTTP or QTTT with TTIA membership number) verifying participation in a formal mentorship for at least 1 year. The letter must include how you have met the criteria for competence to practice TT.
2. Copy of Mentorship Agreement

**Section D - Written Case Studies**

Use the TT C.A.R.E.R. NOTES forms – download these from TT Practitioner Resources located in [www.therapeutictouch.org](http://www.therapeutictouch.org) These may be saved as separate files so you can complete them electronically.

* 1. Six (6) TT sessions with different Healing Partners (Hps) documented on TT C.A.R.E.R. NOTES for Single Case Forms
	2. One (1) completed Longitudinal Case Study with the same Hp that consists of at least eight (8) TT sessions 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 Narrative Form **and**
		+ Three (3) TT Sessions with the same Healing Partner documented n TT C.A.R.E.R. Notes Single Case forms:

one from the first session,

one from the middle session, and

one from the last session.