



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)



## Application for Recognized Therapeutic Touch® Community Care Course Facilitator

**Instructions:**

1. Complete Sections A, B, and C.
2. Submit completed application (including letter of reference if applicable) to [ttia@therapeutictouch.org](mailto:ttia@therapeutictouch.org).
3. Submit with \$25.00 application fee (*fee is not required if applicant is a QTTP or QTTT*).  
 Renewal fee is \$25.00, payable every four years.  
 Send Electronically to [ttia@therapeutictouch.org](mailto:ttia@therapeutictouch.org), By Mail to address above  
 Indicate your payment method: Check \_\_\_\_\_ TTIA Website \_\_\_\_\_  
 Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_  
 CCV Code \_\_\_\_\_ Name on Card \_\_\_\_\_

**Eligibility Requirements:**

- Minimum of 2 years of Therapeutic Touch practice or a QTTP or QTTT
- Evidence of participating in TT workshops or classes
- Letter of reference from a QTTT or QTTP who has observed your practice (not required if QTTP or QTTT)
- Submit sample course outline.

The TTIA Education committee will review your application. Upon approval, you will receive a certificate as a Facilitator of TT Community Care Course offerings.

**Section A**

Name & Credentials		TTIA membership #	
Home Address: number & street			
City, state or province, Zip/postal code & country			
Email		Phone/mobile #	
Years of TT practice			

**Section B**

Information and documentation of TT education and practice. *If you are a QTTP or QTTT, please list only your most recent trainings.*

1. List TT workshops, with dates taken.

2. List TT teachers from whom you took TT classes or workshops.

**Section C**

Please respond to the following questions:

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

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

3. Describe your plans for sharing TT with community members.

**Attestation:** I have completed the application and provided accurate information. I agree to practice and teach 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 Ethical Principles*.

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