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](mailto:TTIA@therapeutictouch.org)

Dear TTIA Member,

We welcome your interest in becoming recognized as a Qualified Therapeutic Touch Teacher (QTTT) 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 teacher and for TTIA and NH-PAI. Through its recognition processes, the members of TTIA and the public can be confident that qualified teachers meet the competencies to teach Therapeutic Touch.

Recognition as a Qualified Therapeutic Touch Practitioner is a prerequisite for making application to be recognized as a Qualified Therapeutic Touch Teacher. Recognition as a Qualified TT Teacher is specific to the courses of TT for which you are making application: *Foundations of Therapeutic Touch*, *Transpersonal Nature of Therapeutic Touch*, and *Application of Inner Processes of Therapeutic Touch*.

The initial processing fee of $25.00 is required at the time of application. Recognition as a Qualified TT Teacher is valid for 4 years. The annual fee is $25.00 payable with your membership renewal for each year of the recognition period, or $100.00 for 4 years. The annual fee is the same regardless of whether you are applying to teach one, two or all three courses. A statement of your activities related to your experience teaching 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 weeks after receipt of all application materials. When the peer reviewers determine that you meet the criteria to be recognized as a QTTT, you will receive a recognition letter, QTTTeacher card, and information regarding QTTT renewal. Upon being granted QTTT status, your name will be placed in the Qualified Therapeutic Touch Teachers’ list on the TTIA website **and you will be authorized to use the QTTT Logo on your marketing and educational materials.**

As a QTTT, you will be required to maintain records of all TT programs you participate in and/or teach, along with your students’ evaluations. Please be prepared to list all education activities when requested to do so.

We look forward to receiving your application. If you have questions, please contact TTIA at [ttia@therapeutictouch.org](mailto:ttia@therapeutictouch.org) or 518-325-1185 for assistance or referral to a QTTT mentor.

In the Spirit of TT,

### TTIA and NH-PAI Credentialing CommitteeTherapeutic Touch International Association &





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Application for Recognition as a

**Qualified Therapeutic Touch Teacher (QTTT)**

#### Application Requirements

1. Completed Biographical Data Form and application fee (submitted separately via online or mail)
2. Submit one completed copy of the following materials if sent electronically. If sent via standard mail, include the original and one copy with name removed from the copy:
   1. Completed Application Form
   2. Letter of recommendation from QTTT Mentor (with TTIA membership number) with whom you have had a formal QTTT Mentorship Agreement
   3. A copy of the signed QTTT Mentorship Agreement
   4. A copy of promotional brochure for each course taught
   5. A copy of class schedule for each course taught
   6. Educational Planning Table, class planning map or outline of each course for which you are applying: *Foundations of Therapeutic Touch*, *Transpersonal Nature of Therapeutic Touch*, and *Application of Inner Processes of Therapeutic Touch*
   7. Summary of student evaluations of each course for which you are applying: must include one summary for a co-taught program and one summary for the independently taught program
   8. Video of teaching/learning activity, at least 15 minutes, for each course you are applying for; audio accepted

Name TTIA Membership #

##### Application Fee and Biographical Data Form for Recognition as a Qualified Therapeutic Touch Teacher (QTTT)

**Instructions:**

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

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

**I am applying for recognition to teach the following course(s)** (X in box):

|  |  |
| --- | --- |
| *Foundations of Therapeutic Touch (12 hrs)* |  |
| *Transpersonal Nature of Therapeutic Touch (14 hrs)* |  |
| *Application of Inner Processes of Therapeutic Touch (16 hrs)* |  |

**Biographical Data Form**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 (include basic preparation through highest degree held)**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 required application and provided accurate information for the application. I adhere to current *TTIA TT Teaching Guidelines* for each course taught. 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 Code of Ethics.*

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

**TTIA Application for Recognition as a Qualified Therapeutic Touch Teacher**

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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 current recognition status and education preparation – Submit electronically 1 collated set of all require documents or via standard mail 2 collated sets, 1 Original and 1 copy with name removed.

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| --- | --- | --- | --- |
| Date initial QTTP granted |  | Expiration date of current renewal |  |

1. List date, location, instructor, name, and total contact hours for each *Applications of Inner Processes of TT* or Advanced Program(s) attended and provide copy of certificate for each (you may attach a listing with additional courses as needed).

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| --- | --- | --- | --- | --- | --- |
| Year & location |  | Instructor |  | Contact Hrs |  |
| Year & Location |  | Instructor |  | Contact Hrs |  |
| Year & Location |  | Instructor |  | Contact Hrs |  |

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

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

##### Section B – Respond to questions regarding preparedness for recognition as a QTTT (boxes expand):

##### 1. Describe how and where you have practiced and taught TT and the populations you serve.

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1. How have you contributed to the development of TT?

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1. Why do you want to teach Therapeutic Touch? What are your goals or plans for teaching TT?   
   How will your teaching TT contribute to your community or profession?

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

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1. Describe how your practice of TT informs your ability to teach TT.

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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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**Section C – Documents regarding Teaching Mentorship**

* A letter of recommendation from your QTTT Mentor (QTTT with TTIA membership number) verifying participation in a formal teaching mentorship for at least 1 year. The letter must include how you have met the criteria for competence to teach the courses for which you are applying.
* Copy of Signed Teaching Mentorship Agreement

##### Section D – Documentation of Course(s) Taught and Video Recording of Sample of Teaching

1. **Indicate each course for which you are seeking recognition to teach (X in box):**

|  |  |
| --- | --- |
| ***Foundations of Therapeutic Touch (12 hrs)*** |  |
| ***Transpersonal Nature of Therapeutic Touch (14 hrs)*** |  |
| ***Application of Inner Processes of Therapeutic Touch (16 hrs)*** |  |

1. **For each course provide the following materials:**

* A copy of the promotional brochure for each course for which you are seeking recognition, including dates and locations of classes taught
* A copy of the class schedule for each course for which you are seeking recognition
* Educational Planning Table, class planning map or outline
* Summary of student Evaluations for courses taught:
  1. One summary for a co-taught program
  2. One summary for the independently taught program.
* A Video Recording of a 15 minute sample of teaching; audio is acceptable.