



Healing Touch Spiritual Ministry Program

Practitioner Certification Renewal Application

May 2018

Renewal of the certification is required every five years. This process requires submittal of the Healing Touch Spiritual Ministry Practitioner Renewal Application at least 30 days prior to the current certification date.

General Instructions

The Practitioner must be active and in good standing.

There are two parts to applying for Practitioner Renewal.

- Completion of Application Requirements
- Submission and acceptance of an Application of Renewal

Application Layout

- Submit the application and required materials in order listed in the Application checklist
- Use 8 1/2 x 11 paper
- Use 1 " margins
- Use a plain type/font such as Arial, size 12, for ease of reading
- Written summary statements should be one page in length and single-spaced except where noted manually
- Number pages sequentially with applicant's name on each page

Application Submittal

- Submit 1 hard copy of your completed application and required materials or email application (PDF) as an attachment to the email address below.
- Bind hard copy with a single staple or round head fastener in the top left corner.
- Please place your name on each page of your document.
- Keep a complete copy of your application. Your application will not be returned.
- A copy of your application will be kept on file at the Healing Touch Program office through your application process.
- **Note:** You may send an email PDF copy of your application to certification@healingtouchprogram.com
- Application fee is \$125.00.
- Application fee is non-refundable.
- There is no fee for re-submission of application materials when an applicant is in "*Certification Renewal Pending*" status.
- Include a check or money order for \$125.00 payable to Healing Touch Certification. If you would like to pay with a credit card, please fill out the credit information on the application and do NOT send the copy of the credit card information with your card number on it to the address below. Send it by US Mail separately from your application.
- **Submit to:**

Healing Touch Spiritual Ministry Certification
Make checks payable to:

Attention: Certification Administrator
15439 Pebble Gate
San Antonio, TX 78232
210-497-5529

Active and In Good Standing

The terms “active and in good standing” means that the applicant is approved to practice as a Healing Touch Spiritual Ministry Certified Practitioner or Instructor and their certification is current, up to date, and has not been challenged or compromised by unprofessional or unethical behavior. A Practitioner or Instructor whose certification has been suspended or revoked, or who has permitted their certification to lapse into an inactive status is not “active and in good standing”. This application is the exception to the above statement because you have not received the application previously.

The following criteria must be met to avoid being disenfranchised:

- Certification granted from the Healing Touch Spiritual Ministry Certification Board resulting from an approved application
- Continued professional education is current and up-to-date
- All renewal fees/maintenance payments are current
- Continued compliance with the HTSM Code of Ethics

Notification to Applicant

Applicants will receive a letter, indicating the outcome of the application review within 8 weeks of application submission unless otherwise notified. Status will be noted as “*Certification Renewal Application Approved*”, “*Certification Renewal Pending*”, or “*Certification Renewal Not Approved*”.

“*Certification Renewal Approved*” applicants will receive a congratulatory letter and certificate.

“*Certification Renewal Pending*” applicants will receive a letter outlining the additional information or actions required to address the Pending status. Guidelines to address issues that are denoted as Pending will be provided. **Applicants will have 8 weeks to complete any revisions requested by the Certification Review Panel.**

“*Certification Renewal Not Approved*” applicants will receive a letter with the reason(s) for this status.

Non-disclosure

Applicants names, applications, review, critique and outcomes developed during the review process are kept strictly confidential and are available only to those individuals involved in the review process.

Healing Touch Spiritual Ministry Certification Review Panel

The HTSM Certification Review Panel members are Certified Instructors or Certified Practitioners with experience and commitment to the HTSM Program. Panel members are chosen by the Chair and Vice Chair of the Review Panel. Panel participants are Certified Instructors and Certified Practitioners in good standing who have been successful and actively teaching or practicing Healing Touch through the Healing Touch Spiritual Ministry for a minimum of 2 years.

Application review is done as the applications are submitted. They are reviewed by at least two members of the Review Panel. Applications are evaluated based upon completion of all requirements outlined for instructor credential stands. Certification approval is at the discretion of the Review Panel.

Application Grievance Procedure

An applicant who has a grievance may write to the Chair or Vice Chair of the Review Panel. Grievances need to be filed within 45 days of notification. The Chair and Vice Chair will work with the review panel to address the grievance. The Chair will notify the applicant of the outcome.

Practitioner Renewal Requirements

Renewal is an action representing continued support of the credentialed Healing Touch Spiritual Ministry Practitioner (HTSM-CP) through ongoing self-development and continuing education to stay current in the field.

1. Evidence of Participation

Active participation keeps the Practitioner well informed of current education updates, provides self-growth and discovery and involvement in the Healing Touch Community. The practitioner honors the credential by ongoing participation and involvement with the HTSM community. Actions, which demonstrate this involvement, include: HTSM classes, related continuing education offerings, attending Healing Touch conferences and networking with HTSM and other holistic practitioners. Be as creative as possible to honor the diversity within the world of energy therapies/holistic healthcare and Healing Touch/ Healing Touch Spiritual Ministry regional or global activities.

Requirements:

Every five (5) years the practitioner will complete 75 hours of continued education and participation. A minimum of 37.5 hours must be completed in energy-based education. Participation in areas of exploration for personal development with continuing education contact hours need to have clear documentation of the experience. Keep all documentation of completed contact hours or, if no continuing education contact hours are awarded the practitioner should keep a copy of the brochure of the class or meeting with the practitioner's records of their recertification.

The following are acceptable for continuing education credits:

- Adjunct Healing Touch/HTSM classes, i.e. Advanced Practice, CCA classes, Oncology, Healing Touch for Animals, Self-Care, Anatomy and Physiology for Healers, etc.
- Repeated Healing Touch Spiritual Ministry Classes, 101-105, 202, 203.
- Healing Touch Worldwide Conference regional conferences, or other energy/holistic conferences or American Holistic Nurses Association (AHNA).
- Retreats and seminars that do not offer continuing education contact hours are acceptable with appropriate documentation.
- DVD's which have influenced your growth and development are acceptable.
- Teleseminars with contact hours.

Practice Development

Please address each of the following questions:

- How has your practice grown or changed and what have you learned?
- How have you shared your learning?
- How have you been involved in the HTSM community?
- What are your plans for future growth: personal, spiritual, practice, and community involvement?

Submission Guidelines:

Please write a one-half to one page, single spaced summary on your growth in your HTSM practice. Include reflection on these questions and your specific plans.

Assertion of Personal Responsibility

Please sign and submit the Assertion of Personal Responsibility Form.
(see form following)

Application Forms

The following forms are part of the required materials and need to be submitted with the application. Please include in your application packet in the order listed on the Practitioner Certification Application Checklist.

- Application
- Payment Information (if submitting manually)
- Practitioner Certification Renewal Application Checklist
- Certification Renewal Continuing Education Hour Worksheet
- Growth in your HTSM practice statement.
- Practitioner Certification Renewal Assertion of Personal Responsibility

Healing Touch Spiritual Ministry Certification Renewal Application

Submission Date: _____

Last Name: _____ First Name: _____

Middle Name or Initial: _____

Credentials: _____

Address: _____ City: _____ State/Province: _____

Zip/Postal Code: _____

Country: _____

Certification Number: _____ Date of Original Certification: _____

Include the phone number(s) and email address you want HTSM to use for communication:

Home Phone: _____

Home Email: _____

Cell Phone: _____

Work Phone: _____

Work Email: _____

Other: _____

Select the application you are submitting:

____ Practitioner Certification Renewal Application

____ Instructor Certification Renewal Application

Please fill out and attach the application checklist.

Send Packet to:

Healing Touch Spiritual Ministry Certification Renewal

Attention: Certification Administrator

15439 Pebble Gate

San Antonio, TX 78232

Phone: 210-497-5529

Email: certification@healingtouchprogram.com

Practitioner Certification Renewal Application Checklist

To be used as your final checklist to insure all requirements are met and materials included. Include checklist with your application packet. Please organize materials in the same order as the checklist below.

Applicant's Last Name: _____

Applicant's First Name: _____

Application Form

Payment Information Form (if submitting manually)

Practitioner Certification Renewal Application Checklist Form

Application Requirements as below:

1. Evidence of Participation

Summary of your 75 hours of continuing education hours on the following forms:
Continuing Education Hours Worksheet

2. Practice Development

Summary of your growth in your Healing Touch Spiritual Ministry practice including reflection statement answering questions on page 6 of this application

3. Assertion of Personal Responsibility

Sign and submit the Assertion of Personal Responsibility form

HTSM Practitioner Certification Renewal Application

Healing Touch Spiritual Ministry Certification Renewal Education/Activity Form

Name _____

*Each book, audio book or DVD is worth 2 hours - maximum allowed in this area is 10 hours

*Energy based education must be at least 37.5 hours

*Total of both columns must equal at least 75 hours

Title	Dates	Type of Educational Course/Activity <ul style="list-style-type: none"> ○ Courses ○ Conference ○ Workshop ○ Book/CD/DV D/ video ○ Retreats 	HTSM or other Energy-based Studies Hours	Professional Spiritual Intuitive Self-care Activities Hours
Subtotal Hours				

Total Hours

Assertion of Personal Responsibility

I can demonstrate and use all the techniques and sequences taught in Healing Touch Spiritual Ministry classes 101-105, 202-203.

I understand the principles and concepts of using an informed consent form with clients.

I take personal responsibility for clarifying and interpreting the content and scope of Healing Touch Spiritual Ministry and I maintain confidentiality of my HTSM practices and activities and the documentation of all care provided.

I have read and understand the Healing Touch Spiritual Ministry Code of Ethics and the Scope of Practice and I attest that my practice adheres to the standards.

I take responsibility to obtain and maintain appropriate legal credential, permissions or qualifications necessary to touch the human body as required in my state or geographical area.

Have you ever been convicted of a felony in the last 5 years? Yes No

If yes, please explain.

Signature _____ Date _____

Name (printed) _____