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**Healing Touch Spiritual Ministry Program**

**Practitioner Certification Renewal Forms**

**May 2018**

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

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**

**Payment Information**

Please **make one (1) copy and staple to the first copy of your application.** This copy will be retained in the HTP office. If submitting application by email include this completed form and send a check or call the HTP office with your credit card information.

**Billing Information:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Last First MI**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State/Province \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip/Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information:**

\_\_\_\_\_ Enclosed is a check or money order for $125.00. Make check payable to **HT Certification.**

On the “memo” line please note check is for **HTSM Practitioner Certification Renewal.**

\_\_\_\_\_ Please charge $125.00 to my Credit Card.

Circle One: **VISA M/C Discover**

Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_

Three Digit Safety Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only: Auth # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CC Order # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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

**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* Courses
* Conference
* Workshop
* Book/CD/DVD/ video
* Retreats
 | HTSM or other Energy-based StudiesHours | ProfessionalSpiritualIntuitiveSelf-careActivitiesHours |
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| **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_