



**Healing Touch Spiritual Ministry
Program**

**Practitioner Certification Application
August 2008
Revised January 2012**

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Practitioner Certification Application and Requirements

General Instructions

Certification as a Healing Touch Spiritual Ministry Practitioner is open to all students who have satisfactorily completed HTSM 101, 102, 103, 104, 105 in the Basic HTSM program and HTSM 202 and 203 in the Advanced HTSM program and received a Certificate of Course Completion. [Prior to January, 2005 you may substitute HT level 1 and 2 in place of HTSM 103 and 104]. Certification is an appropriate goal for all who wish to establish a Healing Touch Spiritual Ministry practice, or incorporate Healing Touch Spiritual Ministry as a focus within an existing practice.

Certification is intended for the competent practitioner and requires a professional level of development. It is anticipated that individuals approach certification with preparation and work experiences that have contributed to his/her awareness of the concepts of spiritual healing, energetic healing, confidentiality, ethics, and client/practitioner relationship.

General Instructions

There are two parts to applying for Practitioner Certification:

- Completion of Application Requirements
- Submission and acceptance of an Application for Certification

Application Layout

- Submit an Application Form and materials in order listed in Checklist (See Appendix)
- Use 8 ½ x 11 paper
- Use 1" margins
- Use a plain type/font such as Arial for ease of reading
- Written summary statements should be one page in length and single spaced except where noted
- Submit double sided copies whenever possible

Application Submittal

- Submit 1 hard copy of your completed application and required materials **or** email your completed application as an attachment to the email address below.
- Bind the 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 throughout your application process.
- **Note:** You may send an email (pdf) copy of your application to certification@healingtouchprogram.com **Do not include payment form in pdf.**
- Application fee is \$250.00. 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 \$250.00 payable to Healing Touch Certification. If you would like to pay with a credit card, please fill out the credit information on the application (page 13)

Submit to:

Healing Touch Spiritual Ministry Certification
Attention: Certification Administrator
15439 Pebble Gate
San Antonio, TX 78232

Make checks payable to:
Healing Touch Certification

Note: Please notify the Certification Review Board with an email to htsmcert@gmail.com when you send your packet to the address above.

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 Approved”*, *“Certification Pending”* or *“Certification Not Approved”*.

“Certification Approved” applicants will receive a congratulatory letter, certificate and pin.

“Certification 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.

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

Non-disclosure

Applicant 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.

Certification Review Panel

The Certification Review Panel members are Instructors and Certified Practitioners with experience and commitment to the work of Healing Touch Spiritual Ministry. Panel members are chosen by the Chair and Vice Chair of the Review Panel. Panel participants are Instructors and Practitioners in good standing.

Application review is done 4 periods per year, January, April, July and October. **Applications must be postmarked by the first day of the month of the review period and should not be sent more than 30 days prior to the due date.** They will be reviewed by at least two members of the Review Panel. Applications are evaluated based upon completion of all requirements outlined for practitioner credential standards. Certification approval is at the discretion of the Review Panel.

Applicant 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.

Application Requirements for Practitioner Certification

Requirements are listed in the order corresponding to the Application Checklist and in the order supporting material should be included in the application packet.

1. Completion of Coursework

Requirement:

Completion of Healing Touch Spiritual Ministry courses in both the basic and advanced programs and all coursework for each class is required for certification as a Healing Touch Spiritual Ministry practitioner. All classes must be taught by an approved HTSM instructor through the Institute of Spiritual Healing & Aromatherapy, Inc. [prior to January, 2005, courses that are substituted for HTSM 103 and 104 must be taught by a certified HT instructor]. Upon completion of the Advanced Program and all coursework, a Healing Touch Spiritual Ministry Program Certificate of Course Completion is provided.

Submission Guidelines:

Include a copy (do not include the original) of the following:

1. The HTSM Educational Transcript that outlines courses taken for The Certificate of Completion for Basic program and the Advanced program: HTSM 101, 102, 103, 104, 105, 202 and 203. [Courses prior to 2005 include acceptance of HTSM Level 1 and 2 or HT level 1 and 2 in place of HTSM 103 and 104].
2. A copy of your Certificate of Completion as an Advanced Healing Practitioner signed by the Healing Touch Spiritual Ministry Program Director.
3. Copy of your HTSM 203 Instructor Recommendation form signed by your Instructor (or signed by Program Director or designated Instructor if your coursework was completed after attendance at the 203 course). Since this requirement was not part of the program prior to August, 2008, this form may be sent to the program director to sign.
4. A List of Healing Touch Spiritual Ministry classes taken in addition to your initial class for each course or level. Please include course number, class date, instructor and your role (student, coordinator, helper, etc).

Note: If you have lost your transcript, please contact the ISHA office for a duplicate at staff@ISHAhealing.com.

2. Professional Resume

Composing your professional resume provides you with experience in presenting yourself to the general public as a Healing Touch Spiritual Ministry practitioner.

Requirement:

A one to two page Professional Resume prepared in a format consistent with professional resumes.

Submission Guidelines:

Include the following information in your resume:

- Formal education (Include locations/dates)
- Work experience
- Healing Touch Spiritual Ministry Completion
- Additional related education or training (Includes an explanation of any acronyms and terms that are not related to nursing)
- Professional recognition, licensure or certification
- Professional membership or affiliations
- Accomplishments or awards (do not include copies of certificates)
- Summary list of published works
- Other related interests

3. Self Evaluation & Development

Self study/examination is an important element in the journey of the healer. It is also a useful tool in tracking growth and development.

Requirement:

A Self Study Summary, which addresses your development as a Healing Touch Spiritual Ministry Practitioner.

Submission Guidelines:

Include a one to two page single spaced report, which addresses your evolution as an Advanced Healing Touch Spiritual Ministry Practitioner. Answer the following questions and include other pertinent information:

- How have you grown in the process of taking Healing Touch Spiritual Ministry Program courses?
- Describe your understanding of yourself as an “energy being” and as an instrument of God’s healing for others.
- Describe your spiritual journey in becoming a HTSM healing practitioner.
- How are you continuing your professional development?
- How do you integrate your personal gifts and talents as a HTSM healing practitioner into your personal and professional life?
- Include information about your Healing Touch Spiritual Ministry practice and what you envision for yourself, your clients and your church/community.

4. On-going Self Care Healing Activities

Part of the efficacy of Healing Touch Spiritual Ministry is helping persons manage their self care toward optimal wellness and quality of life. A way to focus on self care and one's inner landscape is to practice on-going self-care activities yourself.

Requirement:

A Self Care Report based on your on-going self care activities—physical, mental/emotional and spiritual. Explain how these activities have contributed to your development as a HTSM healing practitioner.

Submission Guidelines:

1. List 3 on-going self care activities that you are doing for yourself in each of the areas of physical, mental/emotional, and spiritual.

Include the following:

- Name of self care activity
- Date started (approx)

2. Describe one experience in each category (Physical, mental/emotional, and spiritual) and how you have personally benefited in their practice. Submit a one page single spaced report description for each of your three (3) chosen on-going self care experiences. Include reflective statements which address the following questions:

- How has the experience contributed to your understanding of the importance of self-care?
- Did the experience broaden your knowledge from a holistic perspective and how?
- How has this experience influenced the way you would work with clients & conduct your Healing Touch Spiritual Ministry practice?

5. Educational Resources

Becoming a practitioner of the healing arts requires a commitment to professional development through a multidimensional search toward physical, emotional, mental and spiritual growth.

In partial fulfillment of the Certification process, it is required that the Applicant read books, listen to educational offerings, and attend conferences relevant to the development of the Healing Touch Spiritual Ministry practitioner, ten (10) of which must be reported to fulfill this requirement. There are a myriad of ways to continue the exploration of energy therapies and spiritual healing. Books and suggested reading are listed in the HTSM curriculum in each of the student notebooks.

Requirement:

A minimum of 7 books must be included with one in each of the six categories listed below. Prepare an Educational Resource Report on **ten (10) resources** which can include your 7 books, plus 3 which can be either books, tapes or conferences which have assisted in your continued progress and development as a HTSM healing Practitioner.

Each of the following six topics/categories must be addressed by one or more resources/studies:

- Healing Touch Spiritual Ministry or Healing Touch
- Energy healing/Holistic Health Care
- Spirituality/prayer/journaling
- Personal growth and development/self-care
- Ethics
- Scientific principles/quantum physics

Submission Guidelines:

Include a single-spaced, (250 words one half page maximum), report for each source submitted. This requirement is not asking for a book report but rather, a description of how this particular book, tape or conference has affected you personally and helped in your development as a HTSM healing practitioner. Give enough description of the book to indicate your grasp of the material. Emphasize how you have implemented this material into your practice and/or daily living.

Be sure to document the following in your 250 word paragraph for each report:

- Topic/Category
- For Books & Tapes: full title, author, publisher and date of publication
- For Conferences: title, instructor(s) and credentials, dates, location and number of hours attended
- Include a description of some of the ideas/theories presented and your own reflective statements which consider the following questions:
 - Does the information presented appear sound to you?
 - Could it be incorporated into your self-care practice?
 - Did it stimulate your own creative process?
 - How might some of these ideas be applied in your Healing Touch Spiritual Ministry practice?

6. Supervised Mentorship *Please read Chapter 7 in the 202 workbook.*

Mentorship in the Healing Touch Spiritual Ministry program is about walking with another person as they grow and develop on their path in life including their skill development as facilitators of healing for others.

Cultivating and sustaining a mentoring relationship is an important aspect of the growth and development of the expert HTSM advanced healing practitioner. The mentor is someone who has the capacity to help you expand your personal concept of being a capable, confident and competent practitioner. The mentor will be assessing and cultivating your case management skills, how you create healing environments and whether you practice within the HTSM Scope of Practice in an ethical manner.

Co-mentorship with more than one mentor is accepted and encouraged as long as a qualified primary mentor is designated. This option offers the applicant opportunities to develop

practitioner-to-practitioner mentoring. Group mentoring is also acceptable as long as each individual mentee has some individual mentoring sessions.

Requirement:

Participation in six months to one year apprentice mentorship with an approved mentor through the Healing Touch Spiritual Ministry program (this may be the mentorship connected with the completion of the Advanced Practice classes). Mentorship may exceed one year.

Note: If HTSM program and mentorship have been completed but your current mentor is not on the list of approved mentors, then you are required to complete an additional 30-60 day mentorship with an approved HTSM mentor. The goal of the additional mentorship is to review your case study and course work to make sure HTSM certifications are met.

Mentor supervision will be required to provide:

Documentation for a minimum of 6 to 12 completed contact or conference sessions with your mentor who must be an approved HTSM mentor. The 6 to 12 sessions should contain the following:

- At least 6 one-to-one contacts which may be done in person, via email or telephone conversation.
- Additional contacts may be done in a group mentorship setting. Contacts include supervised visits providing your mentor, or designated proxy, a Healing Touch Spiritual Ministry session performed on the mentor or the designated proxy, and one observed Healing Touch Spiritual Ministry session. These may be observations of the mentee working with another practitioner in a ministry setting. In the case of long distance mentorship, a designated proxy, or videotape, may be used for the required observed/received sessions.

Submission Guidelines:

Include the following:

- A Mentorship Experience Report (one page maximum) addressing the contact frequency with your mentor and pertinent information related to your development as a HTSM healing practitioner. Areas to emphasize in the mentor/mentee relationship are: professionalism, ethical issues, case management, personal growth as a healer and other meaningful issues important to you.
- Applicant's signed Assertion of Personal Responsibility form
- A completed Mentor Assessment and Recommendation form
- A mentor Letter of Recommendation indicating general competence of the applicant within a practice setting.

7. Ethics & Professionalism

Knowledge of the ethical and legal framework provided both by the HTSM program and federal, state and community laws, regulations, guidelines and standards is necessary when starting a practice.

Requirement:

Knowledge and evidence of an ethical framework that guides your practice of Healing Touch Spiritual Ministry.

Submission Guidelines:

Include the following:

- A half page single spaced reflection on your decision regarding the need for and use of an informed consent in your practice.
- A one page single spaced report reflecting adherence to the Healing Touch Spiritual Ministry Program Standards of Practice. Include in this report your personal guidelines for making referrals to other appropriate practitioners.

8. Evidence of Healing Touch Spiritual Ministry Practice

The purpose of this requirement is to provide an opportunity for the Healing Touch Spiritual Ministry Practitioner to demonstrate the ability to competently manage a case with a client who has a disturbance in the biofield and to demonstrate integration of prayer, hands-on healing methods and anointing with essential oils.

Requirement: (This is a 2 part requirement)

- **Part 1 – Case Study**
- **Part 2 – Healing Touch Spiritual Ministry Session Documentation**

Please use the five step Healing Touch Spiritual Ministry Sequence format for each requirement. (Refer to Healing Touch Spiritual Ministry Notebook HTSM 202, pages 26-34.)

Part 1 – Case Study

Prepare a Case Study addressing four (4) to five (5) sessions with a client to highlight your abilities to assess the needs of a client, to create and hold a healing space over time, and to provide effective energetic interventions that promote healing. This provides the opportunity to describe and promote your unique talents in a caring relationship, using what you have learned within the Healing Touch Spiritual Ministry Program.

Submission Guidelines:

1. Case Study (5 phase format)

The Case Study should be approximately 10 numbered pages, double-spaced in a narrative format. The client’s name should not be included, only initials should be used. If any of the client sessions were conducted with another practitioner, you must clearly state the role of each practitioner in the session. Your Case Study should include the following for each reported client session:

- 1. Assessment Phase (Information Gathering)**
 - Collecting personal information

- History
- Stress level, self-care activities
- Energy assessment
- 2. Planning Phase (Mutual Goal Setting)**
 - Short-term mutual client goals
 - Long-term mutual client goals
- 3. The Doing Phase (Implementing your interventions)**
 - Prayer
 - Healing methods
 - Anointing with oils
- 4. The Reflecting Phase (Evaluation)**
 - Documentation
- 5. The Completion Phase**
 - Follow-up
 - Discharge
 - Referrals

Include a summary of the following information with your case study.

- **Final Evaluation:** Summarize how health issues and treatment goals were met or changed over time along with the energetic patterns observed such as specific chakras that were repeatedly compromised, biofield patterns or sensations, issues related to specific body systems or locations, etc.
- **Discharge Planning**
- **Referrals** made during the course of treatment. If no referrals were made, explain why. For cases involving more than 4 – 5 sessions over an extended period, provide a brief summary of the sessions.

Part 2. Healing Touch Spiritual Ministry Session Documentation

Provide one documented individual client session utilizing techniques not included in your Case Study. Various methods/techniques are contained in the HTSM course materials. Follow the 5 step HTSM Sequence for this session. For example, if you did not use chelation in your case study, then choose an individual client session with another client in which you appropriately used chelation. The applicant may use Healing Touch Spiritual Ministry Program documentation forms or choose to describe in narrative format the five steps of the session.

Documentation forms should be submitted in a legible fashion. Narrative documentations should be in double spaced typewritten format - two page maximum. You may include drawings of pre and post energetic assessments if desired. Include the rationale for the selection of your chosen techniques. (Sample documentation forms can be found in the Appendix of the HTSM 202 Notebook.)

9. Community Contribution

The community contribution is your opportunity to give back your time and talent and to demonstrate your ability as a Healing Touch Spiritual Ministry healing practitioner within a community setting.

Submission Guidelines: (This is a 2-part requirement)

Part 1 Establishing a Healing Ministry

Part 2 Research Project

Part 1. Establishing a Healing Ministry

Submission Guidelines: Submit a copy of the healing ministry you established. Include the following points in your summary—this may be in narrative format:

- Vision/goals
- Policies/procedures
- Implementation
- Marketing/communication
- Evaluation

Part 2. Research Project

Submission Guidelines: Submit a one page summary of your “mini” research project that includes the following:

- Project Question
- Hypothesis
- Data Collection
- Results

Appendix Practitioner Certification Application

Submission Date _____

Name _____
Last First MI

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

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

Home Phone _____ Home Email _____

Cell Phone _____

Work Phone _____ Work Email _____

Other _____

Please fill out and attach the Application Checklist.

SEND PACKET TO:

Healing Touch Spiritual Ministry Certification

Certification Administrator

15439 Pebble Gate

San Antonio, TX 78232

Payment information (Make check payable to Healing Touch Certification):

____ Enclosed is a check or money order for \$250.00

____ Please charge \$250.00 to my credit Card Please Circle One: VISA M/C

Do not include this information in pdf if filing electronically.

Card Number _____ Expiration Date: _____

Three digit safety code _____

Your Signature _____

Office Use Only: Auth # _____ CC Order # _____

Appendix

Certification 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.

1. Completion of Coursework

- HTSM Educational Transcript reflecting Class Completion for each initial course: HTSM 101, 102, 103, 104, 105, 202, 203. [For certificates prior to January, 2005, HTSM Level 1 and 2 or HT level 1 and 2 may be substituted for HTSM 103 and 104]
- Certificate of Completion as Advanced Healing Practitioner signed by the Healing Touch Spiritual Ministry Program Director
- HTSM 203 Instructor Recommendation form signed by your Instructor (may be signed by Program director)
- List of additional Healing Touch Spiritual Ministry classes

2. Professional Resume

- Professional resume included

3. Self Evaluation & Development

- Self Study Summary

4. On-going Self Care Healing Activities

- List of 9 Ongoing Self Care Activities
- Description of three experiences most beneficial to you

5. Educational Resources

- 10 Education Resource Reports

6. Supervised Mentorship

- Mentorship Experience Report
- Assertion of Personal Responsibility form
- Mentor Assessment & Recommendation form
- Mentor Letter of Recommendation

7. Ethics & Professionalism

- Reflection on the use of informed consent in your practice
- Report reflecting adherence to Healing Touch Spiritual Ministry Program Standards of Practice

8. Evidence of Healing Touch Spiritual Ministry Practice

- Case Study
- One documented Healing Touch Spiritual Ministry Session

9. Community Contribution

- Healing Ministry report
- Research project

Appendix

HTSM 203 Instructor's Recommendation for Certification

This recommendation is to be completed by your HTSM 203 Instructor (Program Director or designated Instructor).

Applicant's Name

Last First MI
Instructor's Name

Last First

Address

City _____ State/Province _____

Zip/Postal Code _____

Phone _____ Phone (cell) _____

Email _____

Dates of HTSM 203 class _____ Location _____

I recommend _____ for certification as a Healing Touch Spiritual Ministry healing practitioner. He/she has completed the Healing Touch Spiritual Ministry Advanced Program coursework and has met all requisites to apply for certification.

Signature _____

Date _____

Appendix

Assertion of Personal Responsibility

I can demonstrate and use all the techniques taught in the Healing Touch Spiritual Ministry courses HTSM 101 through 203.

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

The case study included in my application packet describes my unique abilities in a caring-healing relationship, using what I have learned within the Healing Touch Spiritual Ministry Program. It demonstrates my level of proficiency as a competent Healing Touch Spiritual Ministry practitioner and my professional development and practice.

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

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

I take responsibility to obtain and maintain appropriate legal credentials, 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? ___ Yes ___ No
If yes, please explain.

Signature _____

Date _____

Name _____

Appendix

Mentor Assessment and Recommendation

If you are working with more than one mentor, each mentor must fill out a separate form and the primary mentor must submit a letter of recommendation.

I have worked with _____ from _____ to _____ a minimum of six months.

I have reviewed this applicant's final certification application packet: Yes No

Mentor's Name _____

I have a nursing background Yes No Credentials or explanation: _____

Address _____

City _____ State/Province _____ Zip/Postal _____

Phone _____ Phone (cell) _____

Email _____

The applicant has demonstrated a competent level of practice of Healing Touch Spiritual Ministry.

Yes No

Did the applicant demonstrate understanding and competence in adhering to the Healing Touch Spiritual Ministry Program Code of Ethics and Standards of Practice during the mentorship process?

Yes No

I would seek Healing Touch Spiritual Ministry treatments for myself and refer clients to the applicant.

Yes No

I am recommending this applicant for certification as a Healing Touch Spiritual Ministry Practitioner.

Additional comments: Please explain any "no" answers. Use the back of the page if necessary.

Signature of Mentor _____ Date _____

Include a Letter of Recommendation along with this form indicating the applicant's general competence within a practice setting e.g. a description and evaluation of one supervised session, your personal session with the mentee, and your overall mentorship experience with this applicant.