

# HTC Entry Level Proficiency Exam Application

## SME Applicant Information

Submission date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

☐ lay person

☐ new certification applicant

☐ HTCP. Certification #: \_\_\_\_\_ Certification exp date: \_\_\_\_\_

## Proctor Information

Contact Name: \_\_\_\_\_

Job title or profession: \_\_\_\_\_

Relationship to student, if any: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Location for test taking:

Facility Name: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

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

Test Preference: Select and Complete Only 1

☐ Pencil and Paper test

Date range for a written test is to be taken: (up to 1 month range) \_\_\_\_\_

☐ Computer test

Date requested for computer based test: (specify date) \_\_\_\_\_

Alternate test date requested for computer based test: (specify date) \_\_\_\_\_

## HTC Entry Level Proficiency Exam Pilot Test Manual Payment

☐ Special SME Accreditation Pilot Test price! \$50.00 US Dollars (*non-refundable*)

### Billing Information (if different from above):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

### Payment information, Choose one of the following:

☐ Enclosed is a check or money order for \$50.00. Make check payable to HT Certification.

☐ Please charge my credit Card:

Choose one: ☐ VISA ☐ M/C ☐ Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Three digit safety code: \_\_\_\_\_

Signature: \_\_\_\_\_

☐ By checking here, I am providing my electronic signature approving all the information entered above.

**Office Use Only:** Auth #:

CC Order #:

Send the application with payment by mail, fax, or email to:

Healing Touch Certification  
20822 Cactus Loop Ste 200  
San Antonio, TX 78258

Fax: (210)497-8532  
Certification@HealingTouchProgram.com  
Or call (210)497-5529 to arrange payment by credit card