HTC Entry Level Proficiency Exam **Application**

**Applicant Information**

Submission date:

First Name:        Last Name:        Credentials:

Address:

City:        State/Province:

Zip/Postal Code:        Country:

Home Phone:        Cell Phone:        Work 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 2 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

Accreditation Pilot Test $100.00 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 $100.00. 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](mailto:Certification@HealingTouchProgram.com)

Or call (210)497-5529 to arrange payment by credit card