

Certified Practitioner Contact Information Form

Submission Date _____

Name _____
Last First MI

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Certification Number _____ Certification/Renewal Date _____

____ I was certified as a Healing Touch Practitioner prior to January 1st, 2009.

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

Home Phone _____ Work Phone _____

Email _____

Cell Phone _____ Fax _____

SEND INFORMATION TO:

Healing Touch Program
20822 Cactus Loop, San Antonio, TX 78258
Or Fax 210-497-8532

Include: Assertion of Personal Responsibility and copy of certification or certification renewal

Payment information:

____ Enclosed is a check or money order for \$50.00

____ Please charge \$50.00 to my credit Card Please Circle One: VISA M/C

Card Number _____

Expiration Date: _____ Three digit safety code _____

Your Signature _____

Office Use Only: Auth # _____ CC Order # _____

Assertion of Personal Responsibility

I can demonstrate and use all the techniques taught in the Healing Touch classes Levels 1 – 5.

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 and I maintain confidentiality of my healing activities and the documentation of all care provided.

I have read and understand the Healing Touch 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 _____