

HTC Entry Level Proficiency Exam Application

Applicant Information

Submission date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Contact Phone: _____

E-mail: _____

☐ New Certification Applicant

☐ HTCP

Proctor Information

Contact Name: _____

Job title or profession: _____

Contact Phone: _____

E-mail: _____

Send Test Materials to (written exam only):

Name: _____

Address: _____

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 Manual Payment

☐ Exam \$150.00 US Dollars (*non-refundable*) during the grandmothering period (prior to Dec. 7, 2012)

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 \$150.00. Make check payable to HTCertification.

☐ 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