



# Healing Touch Certification

15439 Pebble Gate • San Antonio, TX 78232 • (210) 497-5529

## Healing Touch Practitioner Packet Application and Test Requirements for Certification as a Healing Touch Certified Practitioner (HTCP)

### General Instructions

Certification as a Healing Touch Practitioner is open to all students who have satisfactorily completed the Healing Touch Program course of study.

Certification is intended for the competent practitioner and requires a professional level of development. It is anticipated that the individual will approach certification with preparation and work experiences that have contributed to his/her awareness of the practice of Healing Touch (HT) and the concepts of energy, healing, confidentiality, ethics, scope of practice and the client/practitioner relationship.

Renewal of the HTCP certification credential occurs every five years. This process requires submission of a Healing Touch Certified Practitioner Renewal Application at least 30 days prior to the current certification expiration date.

### There are three steps in the application for HT Practitioner Certification with Healing Touch Certification (HTC):

1. Completion of Application Requirements
2. Submission and acceptance of an Application Packet
3. Achievement of a passing score on The Healing Touch Certified Practitioner Entry Level Proficiency Exam- one time only

### 1. Completion of Requirements and Certification Application Timeframe

Participants are eligible to submit their application for certification within five years of the successful completion of the HT Program. An applicant may request a one-year extension to the five-year period as long as the request or the notification of intent to apply is made at least 90 days before the expiration of the five-year eligibility period. To request an extension send an email with your request and expected completion timeline to the Certification Administrator at [certification@healingtouchcertification.com](mailto:certification@healingtouchcertification.com).

### 2. Application Layout/Requirements

- Submit the Application Packet and required materials in the order listed in the Application Checklist.
- Use 8 ½ x 11 paper and 1" margins.
- Use a plain type/font such as Arial or Times New Roman in font size 11 or 12 for ease of reading.
- Written summary statements should be one page in length and single-spaced unless noted otherwise.

- Submit one completed application with all the required materials/forms to HTC.
- Place your name on **each** page of your Application Packet and include page numbers.
- Keep a complete copy of your application, as it will not be returned to you.
- A digital copy of your application will be kept on file at the HTC office.
- The cost of the application for certification is \$275 and includes the Application Packet review. An additional fee of \$200 will be required for the HTCP Entry Level Proficiency Exam, which you will pay separately when you apply to take the exam. Proctor costs are not included and are the responsibility of the applicant.
- Application fees are non-refundable.
- There is no fee for re-submission of Application Packet materials when an applicant is in "Pending" status. Up to two re-submissions are acceptable.
- If you have questions or need further information contact the HTC Administrator by email at [certification@healingtouchcertification.com](mailto:certification@healingtouchcertification.com) or call 210-497-5529.

### **Application Submittal**

#### Option 1 – Submit Digitally (preferred)

- Upload the completed Application Packet with all required materials as a **single** PDF file. For instructions go to the <http://www.healingtouchcertification.com> site and follow the upload directions.
- Before you begin to upload your Application Packet you will be asked to choose the certification process you are applying for and how you wish to make payment. Packets will not be processed until payment is received.
- You will have the option to pay online with a credit card during this process.

#### Option 2 – Submit Manually (paper copy)

- Bind your Application Packet with a binder clip in the top left corner.
- Include a check or money order for \$275.00 payable to Healing Touch Certification. If you would like to use a credit card please fill out the Payment Information form.
- Submit to:  
Healing Touch Certification  
Attention: Certification Administrator  
15439 Pebble Gate  
San Antonio, TX 78232

### **Application Forms:**

All forms that are needed to complete the Application Packet are posted at:  
<http://www.healingtouchcertification.com/certification>

### **Notification to Applicant Regarding Packet Criteria**

Applicants will receive a letter indicating the outcome of the Application Packet review within 10 weeks of submission unless otherwise notified. Status will be noted as "Approved", "Pending", or "Not Approved."

All applicants will receive an email with information on the Healing Touch Practitioner Proficiency Exam at the time their packet is submitted. They are encouraged to begin the process of reviewing the Hand Book and Study Guide while their packet is in review.

"Approved" applicants will be notified by email of packet approval and allowed to register for the exam.

"Pending" applicants will receive a letter outlining the additional information or actions required to address the "Pending" status. Guidelines regarding actions or information needed to address the issues that are noted will be provided. **Applicants will have eight weeks to complete any revisions and requested information by the Certification Review Panel.** A request for an extension may be submitted to the HTC office in writing prior to the eight-week expiration period. To request an extension send an email with your request and expected completion timeline to the Certification Administrator at [certification@healingtouchcertification.com](mailto:certification@healingtouchcertification.com).

"Not Approved" applicants will receive a letter with the reason(s) stated for this status.

### **3. The Healing Touch Practitioner Proficiency Exam**

The exam is geared towards an entry level HTCP, meaning it is designed for the person just having completed the HT educational program who has earned the title "Practitioner." The exam is a multiple choice, criterion-referenced exam consisting of one hundred questions. The exam is given in a secured location with a qualified proctor. The applicant is given three hours to complete the exam. It is offered either as a paper and pencil, or a computer-based test. The completed exam will be returned to HTC by the arranged proctor where it will be scored mechanically.

Applicants can apply for the proctored exam **after** they have submitted their Application Packet and been notified by Healing Touch Certification (HTC) that their Application Packet has been received. Information on how to apply for the exam will be provided to the applicant once their packet has been received. It is the applicant's responsibility to provide a proctor for the exam. Details on how to find a proctor are provided in the HT Practitioner Proficiency Exam Handbook which is provided to the applicant. You will have up to one year to take the exam.

#### **Reporting of Test Outcome:**

The exam score earned will be reported to the applicant as a percentage of correct responses out of the total number of questions. If the applicant has had their packet previously approved and if the score earned is a passing score, the applicant will be notified by mail of approval of certification as an HTCP and receive a congratulatory letter and HTCP certificate.

If the candidate has received a passing score on the exam and their packet has not yet been approved they will be notified of their score by email from the HTC office.

If a candidate does not receive a passing score on the exam they have the opportunity of retaking the test for a retest fee. Each repeat test must occur within 90 days after the previous test. If the test needs to be retaken, contact the Certification Administrator ([certification@healingtouchcertification.com](mailto:certification@healingtouchcertification.com)) and request a retake date and provide your proctor information. You cannot become a Healing Touch Certified Practitioner without receiving a passing score on the exam and an approval on your application packet.

## **Additional Information**

### **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.

### **Active and In Good Standing**

This designation is considered when an HTCP applies for certification renewal. This is described in this packet so the applicant is aware of the term definition and meaning.

An applicant must be “active and in good standing”-- approved to practice as an HTCP with a current and up-to-date certification, and having never been challenged or compromised by unprofessional or unethical behavior.

### **Healing Touch Certification Governing Committee**

Healing Touch Program Certification Governing Committee (HTCGC or Governing Committee) is the directing body of certification for HTCPs. The Governing Committee is responsible for making decisions regarding all oversight aspects of HT certification such as eligibility standards; development, administration, and scoring of assessment instruments; selection of personnel; and operational processes involved in certification of HTCP applicants.

### **Healing Touch Certification Review Panel**

The HTC Review Panel members are certified instructors with practice experience and direct involvement with the HTP. Review Panel members are chosen by the HTC Governing Committee (HTCGC) Chairperson and the HTC Review Panel Vice Chairperson.

Application Packet review is done four times per year in February, May, August and November. Applications must be received by the first of the month of each review period and each will be reviewed by at least two members of the Review Panel. Application Packets are evaluated based on 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 HTCGC Chairperson or the HTC Review Panel Vice Chairperson. Grievances need to be filed within 45 days of notification of Application Packet outcome. The Chair and Vice Chair will work with the specific packet reviewers to address the grievance. The Chairperson will notify the applicant of the final grievance review outcome. Decisions are final. The exam outcome is based upon an applicant achieving a passing score. It may be retaken up to a total of three times, and is not subject to the grievance process.

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# **Specific Instructions of the Application Packet Requirements toward HT Practitioner Certification**

Requirements are listed in an order that corresponds to the Application Packet Checklist and supporting materials should be submitted in this order.

## **1. Completion of Coursework**

### **Criterion 1 Requirement:**

Completion of the Healing Touch Program with all corresponding coursework is required for an applicant to be designated as a Healing Touch Practitioner. All classes must be taken in sequence and taught by a Healing Touch Certified Instructor (HTCI) except in circumstances where the HTP transfer policy was utilized. Upon completion of all levels of the Healing Touch Program and all coursework a Healing Touch Program Certificate of Course Completion is provided.

### **Submission Guidelines:**

Include a copy of the following:

- A Certificate of Course Completion of the Healing Touch Program signed by the Program Director dated within the last five years.

## **2. Professional Resume**

### **Criterion 2 Requirement:**

Composing your resume provides you with experience in presenting your professional self to the general public. Submit a one to two page (maximum) Professional Resume prepared in a format consistent with professional resumes. The resume should include a Healing Touch or energy medicine focus and list all related core curriculum HT program classes Levels 1 - 5. Additional courses in the field of energy medicine should be included in a training or education section. All sections shall be listed in reverse chronological order (most current first). Acronyms used, if not common, should be specified with name and explanation.

### **Submission Guidelines:**

Include the following categories in this order, as applicable:

- Formal education (include school, locations, dates and degrees earned with acronyms)
- Work experience
- Professional recognition, licensures and/or certifications (list HTP completion with date achieved)
- Additional related education or training (explain acronyms and terms, as well as listing individual courses in the energy medicine field)
- Professional memberships/affiliations (list first year of membership, such as "HTPA from 2008")
- Accomplishments or awards (year given or earned)
- Summary list of published works
- Other related interests (such as volunteer work related to health care, energy medicine, etc.)

## **3. Educational Resources and Development as a Healer**

### **Criterion 3 Requirement:**

Completion of the Healing Touch Program requires that the applicant has read seven books, one in each of the categories required. Certification requires the applicant to reflect on a variety of resources for a minimum of fifteen overall. Besides books, these resources can also include: conferences or events, audio resources, and webinars or online classes relevant to the development of an HT Practitioner. The books that were read for the completion of Level 5 may be used to satisfy part of these required resources.

#### Categories of Educational Resources

- I. Healing Touch
- II. Energy Medicine/Holistic Health Care
- III. Quantum Physics/Scientific Principles/Research
- IV. Spiritual Development
- V. Journaling/Self Care
- VI. Professional Development
- VII. Ethics

#### **Submission Guidelines:**

Practitioner Certification requires an ongoing commitment to holistic personal and professional growth that embraces and spans the physical, emotional, mental and spiritual aspects of our lives. In order to meet the standards for certification under the Educational Resources and Development of a Healer section, the applicant shall write and submit two 500 word (one page) typed single spaced, reflective reports. Within the two reflective reports, it is expected that the applicant will refer, specifically, to all fifteen educational resources. Each report need only reference a portion of the fifteen resources. For example, Reflection A could contain 6 references and Reflection B 9 references.

A list of references or a bibliography organized by categories 1-7 must be included at the end of the second report. Please be sure to include the full title, author, date of publication, publisher, city and state. Refer to the American Psychological Association (APA) format for guidelines on writing your bibliography.

#### **Reflection A: Personal and Professional Growth**

Alice Bailey in Esoteric Healing says that the healer must have *“the ability of the human mind to stretch, to record, to discover and to formulate truth”* (Healing Touch Program Level 1 Notebook, Part 11-Attributes and Qualities of a Healer).

**Reflection A** should address this quote and include personal and/or specific examples that are insightful, descriptive and introspective from the above resources to the following questions:

- i. In what manner have you grown through this educational process?
- ii. How have you integrated this growth into your personal and professional life?
- iii. What do you plan to explore further in order to nurture your ongoing commitment to holistic educational growth?
- iv. What have you formulated to be your truth?

#### **Reflection B: Service to Humanity**

*“Above everything else in life, give to all who seek your aid the fullest measure of love, for love releases, love adjusts, and interprets, and love heals on all planes.”* Alice Bailey

Healing Touch Program acknowledges that certification also involves a deep commitment to serving humanity, as exemplified by the above quote from Esoteric Healing. Drawing upon your educational resources and personal experiences, **Reflection B** should address this quote and include personal and/or specific examples that are insightful, descriptive and introspective from the above resources to the following questions:

In what manner has your journey enabled you to open your heart chakra to yourself?

- i. In what manner has your journey enabled you to offer unconditional love to others?
- ii. How might love heal on the physical, emotional, mental and spiritual planes related to both individual healing and healing for humanity as a whole?
- iii. How is love integral to serving humanity?
- iv. What do you believe is meant by “do the work”?

#### **4. Supervised Mentorship**

*“The meeting of two personalities is like the contact of two chemical substances - if there is any reaction, both are transformed.”* Carl Jung (1875-1961)

##### **Criterion 4 Requirement:**

The applicant is required to participate in a minimum one-year mentorship. The mentor must be an HTCP and be an HT Qualified Mentor. Alternatively, the mentor must be an HTCP who is supervised by an HTP Qualified Mentor. During the mentorship the applicant must have: twelve individual contacts with the mentor, two required treatments observed by the mentor (or proxy), one treatment given to the mentor (or proxy) and a narrative mentorship experience. Mentorship letters of recommendation must be within six months of submission and reflect twelve months of supervision.

##### **Submission Guidelines:**

**A.** Include a narrative, reflective report of one to two pages that includes information relating to the following:

- Individual contacts with mentor that include topics discussed such as homework assignments.
- Two HT sessions given by the applicant, directly observed by the mentor and one HT session received by the mentor (or designated proxy) from the applicant.
- Pertinent information related to your development as an HT practitioner. Areas to emphasize in the mentor/student relationship are: discussions of professionalism, ethical issues, case management, documentation, the referral process, personal growth as a practitioner and other meaningful issues important to you.
- A Letter of Recommendation from each mentor indicating general competence of the applicant within a practice setting. This letter must include evaluations of the two viewed and one received Healing Touch sessions. Ideally this report will also speak to applicant’s adherence to the Scope of Practice, Code of Ethics, professionalism, client communication skills, growth, etc.

##### **Also include the following completed forms:**

- B.** Applicant’s signed Assertion of Personal Responsibility form (HTP 933 C), with each line initialed by applicant.
- C.** A completed Mentor Assessment and form from each mentor (HTP 933 B), two page form with mentor’s signature
- D.** A recommendation letter from each mentor.

**NOTE:** If the QM is supervising the **mentor** instead of directly mentoring the applicant, a letter by the QM giving the dates of supervision for the direct mentor must be submitted. No personal recommendation by the QM of the applicant is required. This letter must give the QM number and speak to the relationship with the direct mentor regarding supervision and growth issues.

## 5. Ethics and Professionalism

### Criterion 5 Requirement:

Knowledge of the ethical and legal framework provided by the applicant's HT program as well as federal, state and community laws, regulations, guidelines and standards are necessary when starting a practice. Document professional knowledge and provide evidence of an ethical framework that guides your practice of Healing Touch.

### Submission Guidelines

Include a one to two-page single-spaced report that reflects/addresses these areas:

- How you adhere in your practice to the Healing Touch Statement of Scope of Practice and Code of Ethics.
- Your personal guidelines for making referrals to other appropriate practitioners - **providing one example** of a referral made between HT Level 4 and now in your HT practice.
- Report on your decision regarding the need for and use of an informed consent in your client practice. Under what circumstances do you use verbal versus signed consent?
- Give an example of an ethical situation that you have learned from or dealt with in your life since you started training in HT. This may be drawn from your work or life experiences, or your HT practice. Address what you learned or how it influenced your practice.

## 6. Evidence of a Healing Touch Practice

### Criterion 6 Requirement:

The purpose of this requirement is to provide an opportunity for the Healing Touch Practitioner to demonstrate the ability to competently manage a case with a client. The case study and documented sessions submitted within the Application Packet must have been completed within the last two years and at least six months after level 4.

Part A – Description of your Practice

Part B – Case Study

Part C – Healing Touch Session Documentations

### Part A – Description of your Practice

Certification is intended for those who engage in the active practice of Healing Touch. How you define that practice is totally up to you. Janet's dictum of "do the work" is central to this aspect of the Application Packet. In a one page single spaced report please describe your active Healing Touch practice. Include some examples of the types of clients served, site of your practice, referral sources and any special features you wish for us to know about your work. Reflect on the successes as well as the struggles you have encountered and what this practice means to you. What does your practice offer your community?



As you think about the next five years of your life, share how you plan to continue or alter your current practice. Describe the tools and resources you might use to manifest your vision.

### **Part B – Case Study**

Prepare a case study addressing four to five sessions with a client of no more than four weeks between sessions. (Give explanation for sessions further than two weeks apart, as case management evidence is key.) The purpose of the case study is to highlight your ability to assess the needs of a client, to create and hold a healing space over time, to provide effective Healing Touch interventions that promote healing and to demonstrate good management of your client's case. This provides you with the opportunity to describe and promote your unique talents in a caring relationship using what you have learned within your Healing Touch Practice.

### **Submission Guidelines:**

The case study must be no more than ten numbered, double-spaced pages in a narrative format, with applicant's name on each page. The client's name should not be included. (Please use client's initials, as these are preferred to "client.") Please be sure to use the ten step Healing Touch Sequence format (refer to Healing Touch Notebook Level 2 – Part III: *Creating a One Hour Healing Touch Sequence*). Please note: The order of the first 5 parts of the Healing Touch sequence can be individualized to your practice.

Your case study must include the following for each reported client session:

- Intake or Update
- Practitioner Preparation (how do you center and ground, and how do you attune to the client?)
- Pre-Treatment Energetic Assessment (pendle and handscan to your ability)
- Health Issues (with scales, if used)
- Mutual Goals/Intentions for Healing (must be measurable)
- Healing Touch Interventions and rationale for selection of each method
- Post-Treatment Energetic Assessment
- Ground Client/Release energetically
- Client Feedback and Practitioner Observation and Evaluation
- Plan for keeping the balance going between sessions, empowering client, homework, and future sessions

### **Include for each reported session:**

- Location of session
- Date of session
- Length of session

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

### **Final Evaluation/Summary:**

Discuss how health issues and treatment goals were met or changed over time to meet client's needs, 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, homework benefits/compliance, etc. If not already addressed in the case study, please discuss whether or not the long term or short term goals needed to be adjusted from session to session. Indicate what triggered the decision to revise goals over the case study. Summarize major or notable biofield changes and benefits from the first session onward and summarize the benefits of homework completion.

**Discharge Planning:**

In one or two sentences, describe your client follow-up plan. What are the mutual goals still to be addressed, if any? Did you discharge the client at this time?

**Referrals:**

List referrals made during the course of treatment. If no referrals were made, explain why.

For cases involving more than four or five sessions over an extended period, provide a brief overview of sessions not reported and identify which ones were written in depth.

**Part C – Healing Touch Session Documentation**

Provide two documented individual client sessions (use different clients than in case study) utilizing interventions not included in your case study.

- Identify the technique with bolding, underlining, or highlighting.
- Follow the ten step HT Sequence for each of these sessions.
- Include information in the UPDATE so the reader can identify the background and purpose for the session (for example, do not say “see intake”).
- Use Healing Touch Program standardized documentation forms or choose to describe in narrative format the ten steps of the session.
- Sessions must be dated and time lengths given.

**Submission Guidelines:**

Documentation forms should be submitted in a **legible** form or computer generated. Narrative documentations should be double-spaced, typewritten, two to three pages in length, or in legible handwritten documents. 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 on the HTP website).

**Application Forms**

The following forms are part of the required materials and need to be submitted with the Application Packet in the order listed on the Practitioner Packet Application Checklist. These forms can be found online at [www.healingtouchprogram.com/certification](http://www.healingtouchprogram.com/certification).

- Application (HTP-962)
- Payment Information (if submitting manually) (HTP-963)
- Mentor Assessment and Recommendation (One form must be filled out for each active mentor during the one-year mentorship process. See separate requirements for QMs working directly with applicant’s mentors) (HTP-933-B)
- Assertion of Personal Responsibility (HTP-933-C)
- Practitioner Certification Application Checklist (HTP-933-D)