

Healing Touch Program Certification Application

Submission Date: 8/28/2019

Name of Applicant (to appear on certificate): Barbara Pacca

Credentials: RN, BSN, HTCP

Address: 120 Union Avenue

City: Bala Cynwyd State/Province: Pa Zip/Postal Code: 19004

Country: United States

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

Home Phone: Home Email: snsandscentsability@yahoo.com

Cell Phone: 610-256-9811

Work Phone: 215-590-3422 Work Email: pacca@email.chop.edu

Other:

Select the application you are submitting:

☐ Practitioner Certification Application

The Qualified Mentor overseeing my Practitioner Certification packet is:

Name:

QM#:

☒ Practitioner Certification Renewal Application

Expiration date: 9/26/2019

☐ Level 6 Application

☐ Instructor Certification Application

☐ Instructor Certification Renewal Application

Expiration date:

☐ Instructor and Practitioner Certification Renewal Application

Expiration date:

Practitioner Certification Renewal Application Checklist

To be used as your final checklist to insure all requirements are met and materials included. Include checklist with your application packet. Please organize materials in the same order as the checklist below.

Applicant's Last Name: Pace

Applicant's First Name: Barbara

☒ Application Form

☐ Payment Information Form (if submitting manually)

☒ Practitioner Certification Renewal Application Checklist Form

Application Requirements as below:

1. Evidence of Participation

☒ Continuing Education Hour Worksheet

☒ Overall summary of your experiences in self and professional growth

2. Practice Development

☒ Summary of your growth in your Healing Touch practice including reflection statement

3. Assertion of Personal Responsibility

☒ Sign and submit the Assertion of Personal Responsibility form

Healing Touch Program Certification Renewal Worksheet **Continuing Education Hours Log**

Name: Barbara Pacca

Please show **75 total hours** of continuing education.

*Official CEs of at least 37.5 hours *Energy based education of at least 37.5 hours

*Healing Touch Program sponsored education of at least 20 hours (counts toward official CEs and Energy)

*Each book, audio book or DVD is worth 2 hours - maximum allowed in this area is 10 hours

Date	Title/Author	Hours Attended	Official CE Hours Given	Healing Touch Program	Energy Medicine	Professional Development	Self Care/ Spiritual	Books, Audio Book, DVD
4/28/16	** Example: Healing Touch Level 1 -Helper	16	16	16	16			
8/12/20 15	Children's Class Training	2	2	2		2		
11/12- 13/ 2016	Healing Touch for Babies	14.75	14.75	14.75	14.75			
6/14/20 17	Creating An Integrative Environment	5.5	5.5			5.5		
6/21/20 17	Evidence-Based Complementary Approaches To Brain Development in Children	1	1			1		
6/21/20 17	Imbalanced Energy Field as a Nursing Diagnosis: Issues, Challenges, and Our Way Forward	1	1			1		
11/11- 12/2017	Shoden Jikiden Reiki	12.5	12.5		12.5			
4/21- 22/2018	Jikiden Okuden Reiki	12.5	12.5		12.5			
4/1/201 6	Introduction to Herbs and Dietary Supplements Across the Lifespan	1	1			1		
4/15/20 18	Recognizing and Reporting Child Abuse	3	3			3		
9/2018	Anatomy for Healers 1	27	27	27	27			
11/9/20 18	Recalling the Wisdom of the Heart: Supporting Prenatal and Perinatal Bonding for Moms, their Infants and Caregivers	1	1	1		1		
Daily	Meditation	20-40 min/	-				20-40 min/day	

Monthly	Message	day 1x/mont h							
2/10/19	Unite for Her Provider Roundtable Discussion	3	-						
6/12/19	The Power of the 5 Spiritual Faculties/ Shell Fischer, mindfulvalley.com							3	12 1 hr sessions
Total Hours	(Please change to show total hours for each column, omitting the example)	84.255	81.25	44.75	66.75	15.5	12+		0

Summary of Experiences in Personal and Professional Growth

Up until very recently, I've chosen my continuing education with the goal of balancing my role in the hospital setting with my Healing Touch Practice. I have a full-time job in a pediatric hospital, helping families to care for their children after discharge. I have focused on working with children and their caregivers, and shared my knowledge at every opportunity with patients, families and health care providers. For the past several years, I have provided an experiential presentation for the Integrative Health Residency cohort at the hospital along with my friend and colleague, a Reiki Master. Together we have been able to educate physicians and nurses interested in Energy Therapies and provide hands on experiences for them. We currently have Healing Touch Providers, Reiki Providers and 1 Barbara Brennan Practitioner here as volunteers working with caregivers in the NICU; for this reason, we present Energy Therapies (not just HT or Reiki) and I make every effort to have at least a basic knowledge of Energy Therapies as a whole. The Anatomy for Healers class gave me much greater insight into the relationship between the energy system and physical health which has been a tremendous help in working with medically complex patients and their caregivers; I'm very much hoping for a level 2 class in future.

The organization I work for is very conservative with a strong focus on research. Staying informed about the AHNA's work on Imbalanced Energy Field as a nursing diagnosis provides me with additional information on credibility for the work.

Because of the consistent stress level at my full-time job, self-care is essential as a daily routine. Daily meditation while I ride the train to work and/or on the ride home (depends how crazy the day is) helps me to stay grounded. I walk to and from the train station so I can spend time outdoors each day. I practice a self-chakra connection each night before bed.

Review of Practice Development

While I feel successful in contributing to the formation of an Integrative Health Department in the conventional hospital setting, the inclusion of Energy Therapies for services is not what I had hoped it would be. I continue to serve as a clinical resource for my colleagues and for the volunteers in the NICU Energy Therapy Program. I will be providing the energy therapy educational experience for health care providers in the residency program again this year. My office is the "time out" place for colleagues looking to catch their breath before returning to patient care; staff nurses, home care vendors and other case managers come by for Healing Touch, Aromatherapy or just to sit and chat before returning to the patient care environment. However, the limited opportunities for serving patients and families as a Healing Touch Practitioner in the hospital setting has given me the opportunity to shift my focus and work towards private practice. I rent office space from my massage therapist (also a birth doula) and see clients there. I am very thankful to have found someone to work with in the office setting and consider myself very fortunate to have Kym as a colleague and a resource. I need to work on my marketing strategies and make more time to devote to this practice.

For the past 2 years, I have volunteered with Unite for Her as an approved provider for breast cancer patients through their organization. I have volunteered at several Wellness days for them providing short HT sessions for participating women, so they have the experience. I have very much enjoyed the work but have not gotten any paying clients from this group, so I am currently deciding if I wish to continue with them.

For several years, I have served as administrator for Healing Touch Community of Greater Philadelphia Facebook page. It provides members with local networking opportunities with other providers as well as educational opportunities and resources for learning. There are 2 practice groups meeting in this area, one currently looking for a new meeting place. I do my best to provide connections through my role on Facebook. For myself, having a full-time job and a private practice, social media helps me to stay in touch with the local community and to stay current on local events in the HT community.

Recent events have helped me to shift my personal goals and establish a timeline for retirement from that hospital job. It will still be another 5-10 years, but the goal has become much more visible and feels more attainable. My goals for future growth include the following:

- Continue to serve as a clinical resource for hospital staff, patients, families for as long as I continue to work there.
- Educate myself on marketing and develop strategies to support my private practice
- Consider becoming a HT Qualified Mentor and think about how I can incorporate this role into my practice.
- Look into additional opportunities for HT community involvement.

My sincerest thanks to the Healing Touch Program for the support and opportunities you offer me as a practitioner. I hope to continue my practice for many more years and truly value the resources you provide.

Practitioner Certification Renewal Assertion of Personal Responsibility

Applicant's Last Name: Pacca

Applicant's First Name: Barbara

- ☒ I can demonstrate and use all the techniques and sequences taught in the Healing Touch Program 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 within Healing Touch Program 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 Statement of Scope of Practice and I attest that my practice adheres to these standards.
- ☒ I carry an active professional liability insurance policy for my Healing Touch Practice. Policy issued through EMPA insurance company.
- ☒ 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.

I understand that violations of the HTP Code of Ethics or Scope of Practice may result in consequences up to and including revocation of certification, and I recognize and accept that the HTCGC has the final authority to determine those consequences.

Have you ever been convicted of a felony? ☐ Yes ☒ No

If yes, please explain:

Signature of Applicant: Barbara Pacca
(If submitting electronically, please type your name.)

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

Date: 8/28/2019