Healing Touch Program Certification Application

Submission Date:

Name of Applicant (to appear on certificate):

Address:

City:       State/Province:       Zip/Postal Code:

Country:

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

Contact Phone:       Contact Email:

**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:

[ ]  Level 6 Application

[ ]  Instructor Certification Application

[ ]  Instructor Certification Renewal Application

 Expiration date:

[ ]  Instructor and Practitioner Certification Renewal Application

 Expiration date: