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: