Dear Applicant,

Welcome to the Healing Touch International (HTI, dba Healing Beyond Borders) Healing Touch Practitioner Certification process. We are pleased that you have made the commitment to pursue your certification as an HTI Healing Touch Practitioner.

The practitioner certification criteria are meant to highlight specific knowledge, skills, or judgment related to the development of professional and ethical practice. Please use the specific instructions for each criterion, as well as attention to the general instructions regarding the application format and process. The Healing Beyond Borders Certification Board uses your submitted portfolio as evidence of how you have met the competency criteria.

In light,

Healing Beyond Borders – Board of Directors
Healing Beyond Borders – Certification Board

“Imagine your dream. Hold it expectantly in your consciousness. Watch it unfold. “~

Charlotte McGuire
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HTI Healing Touch Certificate Program and Certification Information

Healing Touch International, Inc. (HTI), doing business as Healing Beyond Borders (HBB)
Healing Beyond Borders, Educating and Certifying the Healing Touch®, is a non-profit certification, education, and membership organization serving Healing Touch practitioners, instructors, and the general public. Established in March 1996, Healing Beyond Borders is responsible for the International Standards of Practice and Code of Ethics for Healing Touch practitioners. Our mission is to serve the public by providing education, certification, professional development, research, health care integration consulting, member support, and networking. Membership is open to all who are interested in healing.

HTI Healing Touch Certificate Program
The HTI Healing Touch Certificate Program is a continuing education program in energy therapy that is taught throughout the world. Well-grounded in nursing and the scientific process, this transcultural program of study inspires an in-depth exploration of the human energy system and ancient healing traditions, as well as the qualities of therapeutic relationship, healing presence, and compassionate care within an energetic framework. Participants learn about the scientific basis and evidenced-based practice that underlie this energy therapy, and apply the unique theories and principles of holistic health from an energetic foundation and perspective. The HTI Healing Touch Certificate Program incorporates the Healing Beyond Borders Core Values, International Code of Ethics, and Standards and Scope of Practice.

Sequential courses within the HTI Healing Touch Certificate Program are as follows:

1. Foundations of Healing Touch
2. Energetic Patterning and Clinical Applications
3. Advanced Healer Preparation
4. Case Management and Professional Practice
5. Self-Evaluation and Professional Development

Endorsement
The HTI Healing Touch Certificate Program is endorsed by the American Holistic Nurses’ Association.

The Scope of Practice Statement for the HTI Healing Touch Certificate Program defines the following levels of practice: “Student of Healing Touch International”, “Healing Touch International Practitioner” (HTI-P) has completed Course 5 and has received a certificate of HTI Healing Touch Certificate Program completion. The “HTI Certified Healing Touch Practitioner” (CHTP) has met the criteria for certification and has been approved by the Healing Beyond Borders Certification Board.

Certification
Credentialing as a Certified Healing Touch Practitioner is available to those who meet eligibility requirements and have successfully completed the entire HTI Healing Touch Certificate Program. It is expected that prior preparation and work experience will have contributed to the practitioner’s awareness and application of confidentiality, legal responsibility for hands-on practice, biomedical ethics, standards and scope of practice, therapeutic relationship, and civic involvement. Healing Beyond Borders administers certification through a separate review by a Certification Board using standardized criteria. Intended for the professional practitioner, certification acknowledges learning experiences and demonstration of competence and safety as a Healing Touch Practitioner. The Certification Board does not license the practice of an individual or assume any legal responsibility for her/his practice.
Certification Eligibility
Credentialing as a Certified Healing Touch Practitioner is an appropriate goal for persons who have completed the HTI Healing Touch Certificate Program. Certification is intended for experienced, safe and competent Healing Touch practitioners and requires a professional level of development. It is anticipated that individuals will approach certification with preparation and work experiences that have contributed to their awareness of the concepts of confidentiality, professional healthcare ethics, appropriate interpersonal relationships, and awareness of scope of practice and limitations of expertise.

Student and Practitioner Solutions
For those who have completed a portion of their Healing Touch study or who hold certification through a certifying body other than Healing Beyond Borders and wish to pursue certification through Healing Beyond Borders, proceed to the website (www.healingbeyondborders.org), go to Education, Certification, View Certification Applications, and download the Practitioner Solutions Packet.

Healing Beyond Borders Certification Board
The Healing Beyond Borders Certification Board is the body that evaluates certification applications. The Certification Board consists of Certified Healing Touch Practitioners who are appointed by the Healing Beyond Borders Board of Directors through an application process. Healing Beyond Borders’ Certification Board members must meet the following requirements: member of Healing Beyond Borders; current certification as a Healing Touch Practitioner, preferably Certification as a Healing Touch Instructor; experience in educational program development and/or implementation, evaluation, and/or professional practice or service; and currently licensed as a registered nurse. An advanced degree is desired.

Application Review
Healing Touch Certification is administered through the Healing Beyond Borders office and applications are reviewed by the Healing Beyond Borders Certification Board. Applications are assigned to a team of two certification board members, taking into account any perceived or potential conflicts of interest. Reviewers remain anonymous to the applicant.

Submission Dates
Applications can be submitted for review during January, April, July, and October. Applications must be received in the Healing Beyond Borders office by the 15th of each of the submission months to be reviewed during that quarter.

Feedback to Applicants
Applicants receive a letter indicating the status/outcome of the evaluation.

Approved: The applicant will receive a letter of approval from the Healing Beyond Borders Certification Board and a Certificate of Certification as an HTI Healing Touch Practitioner (CHTP).

Approval Pending: This status indicates the action required by the applicant to meet the requirements and is accompanied by a “feedback report.” This report provides direction for submission of additional material(s) as requested by the reviewers. Applicants have 30 days to submit updated materials. If the resubmitted materials meet the criteria, the application will be designated as “Approved.” If the materials do not meet the criteria, the application may be designated “Not Approved.”

Not Approved: This status results from a consensus of the Certification Board. The letter will clearly indicate the reasons/rationale for a “Not Approved” status. An appeal process is available for Not Approved status and is located in Appendix 1 of this document.
Non-disclosure
Applicant's names, commentary, and scoring information developed during the review are kept strictly confidential. Such information is available only to those individuals directly involved in the review process. The statistical results of the application reviews may be shared with the HBB Board of Directors, HBB Education Committee, HTI Certified Instructors, and members.

References used by Certification Board to guide judgment of accuracy of Healing Touch Work
2. HBB Class Workbooks for Classes Level 1 through Level 5 (2010), Lakewood, CO: Healing Beyond Borders.
General Information and Directions

Application Format
- Applicant’s name is to be on the top right of each page and may be handwritten.
- Standard 8-1/2 x 11 inch paper.
  - Outside the U.S., use the paper that most closely matches the standard.
- Use a 1-inch border. Font size: 10–12 point. Type: Times New Roman or Arial.
  - Do not use Italic or Script type.
- Use **bold** or **underlined** headings for each required item in each criterion.
- Double-space the Case Study and Healing Touch Techniques (Criteria 6 and 7).
  - All other sections are to be single-spaced.
- Criteria 3 and 5: Place more than one entry per page for continuous flow.
- Page limits are indicated for each criterion.
  - Number the pages for multiple page responses (i.e., Case Study: 6-1, 6-2, 6-3, 6-4, etc; numbering may be done by hand).

Submission of Application
- Application form materials must be submitted in the order listed on the Application for Certification, with the application as the first pages (pp. 13–14).
- Submit your original packet, including the original signed application forms and all required materials, and two complete copies of the entire packet, **to include the application form**.
  - Submit only a photocopy of the HTI Certificate of Course Completion.
- Submission packet is to be double-sided, if possible, and secured by paper clips only in the upper left hand corner.
- No staples, plastic page protectors, dividers, binders, spirals, colored pages, or photographs are to be used in respect for the earth.
- **Be sure to save a complete 4th copy for your records. Your application will not be returned to you.**
- **Non-refundable Application Fees**
  - $250 U.S. – Healing Beyond Borders Members
  - $325 U.S. – Non-Members
- Include your check or money order payable to Healing Beyond Borders or
- Credit card- pay online (VISA, MC, DISCOVER, AMERICAN EXPRESS)
  - Go to [www.HealingBeyondBorders.org](http://www.HealingBeyondBorders.org)
  - Click on OUR STORE, then on CERTIFICATION FEES
  - Click on CHTP Certification Member or Non-Member
  - Print receipt and include one copy to your application.

- **Mail To:**
  Healing Beyond Borders – Certification
  445 Union Blvd., Suite 105
  Lakewood, CO 80228

If you have any questions, please contact the HBB Office at: 
[Certification@HealingBeyondBorders.org](mailto:Certification@HealingBeyondBorders.org) or call 303-989-7982

We will be happy to assist you.
Certification Instructions & Guidelines

Criterion 1: Completion of Course Work
Completion of all course work required for certification as a Healing Beyond Borders - HTI Healing Touch Practitioner:

- Course 1: Foundations of Healing Touch
- Course 2: Energetic Patterning and Clinical Applications
- Course 3: Advanced Healer Preparation
- Course 4: Case Management and Professional Practice
- Course 5: Self-Evaluation and Professional Development

Purpose
To provide a foundation for the practice and understanding of the concepts of Healing Touch.

Action/Evidence Required
- Include the signed and dated Course 5 Instructor Recommendation form (pp. 16).
- Include a copy of the Healing Beyond Borders Certificate of Course Completion, issued upon verification of homework completion by the Course 5 Instructor.

Criterion 2: Professional Résumé
A one- to two-page résumé is to be prepared consistent with a conventional outline format used for professional résumés. Explain abbreviations and terms that are not related to nursing.

Purpose
To provide background information regarding education, experience, and interests of the practitioner.

Action/Evidence Required
Preparation of a professional résumé to include:
- Education (locations and dates): secondary/high school, college/university.
- Work experience (location and dates).
- Professional recognition, licensure, and/or certification (as applicable).
- Healing Touch classes (include dates, locations, instructors, and student solutions, as applicable).
- Additional related education or training to practice other healing techniques or modalities.
- Professional memberships and affiliations (as applicable).
- Special accomplishments, awards, and/or other interests. Do not include copies of these certificates.
- List of published works (as applicable).
- Other related interests, community projects, and/or volunteer work.

Criterion 3: Healing Modalities
Personally experience ten different healing modalities with complementary heath care professionals following completion of Course 4. One of these can be a Healing Touch treatment. Have no more than two treatments per professional, no more than two treatments per day.

Purpose
To achieve awareness of complementary healing modalities, identify availability, establish networking contacts, and make appropriate holistic referrals in your community. To become aware of and identify sources for your own self care, as well as focus on health referrals that could benefit your patients.
Action/Evidence Required
Provide a reflective statement/summary of approximately 150 words (single-spaced) for each individual experience.

Please put the headings of the following required items in **bold** type.
- **Index.** List modality, date received, and professional’s name.

The reflective statement/summary for each individual experience is to include:
- **Name of Modality.**
  - Professional’s name, full credentials (or skill experiences in the modality offered), and address
    - Explain initials used in their credentials
    - Explain how they developed their skills, if they have no credentials
  - Date treatment was received.
  - **Definition** of the modality and how it works
  - **Personal experience:** A general statement about the procedure, your experience, interaction with practitioner, and reflections on the overall value to you.
  - **Referral:** Indicate whether you would refer a patient to (1) this provider and (2) this modality.

Routine allopathic care, dental, dental hygienist, physical therapy, or optometrist checkups are not considered complementary care. The majority of the modalities should be from the applicant’s community and include a variety of modalities and practitioners.

Each modality must have a provider involved in the treatment and the ability to be able to debrief the outcome with the provider; modalities using machines without provider interaction are not acceptable.

Education classes and workshops do not meet this criterion.

**Criterion 4: Mentorship**
Complete mentorship with a HTI Certified Healing Touch Practitioner (CHTP) for a minimum of one year following completion of Course 4.

**Purpose**
To provide support and guidance in the practitioner development process, Healing Touch practice, and clinical health care, and to foster growth and self-awareness as a healing practitioner.

**Mentorship**
- Applicants may select more than one mentor to serve as primary and secondary mentors.
- Applicants who are not nurses must select an HTI CHTP mentor who is a nurse. It is recommended that the primary mentor be a nurse for non-nurses to provide guidance in clinical health care issues.
- Mentorship must have been in effect for a minimum of one year following the completion of Course 4 and not have ended more than one year prior to applying for certification. It is recommended that mentorship continue through the certification application process.

**Mentor Resources**
- HTI Healing Touch Mentorship Guidelines are available at [www.HealingBeyondBorders.org](http://www.HealingBeyondBorders.org) or from the HBB office
Action/Evidence Required:
Submit the following completed forms and written evaluations (include date, signature, and credentials) with your application. The written evaluations should be one page and single-spaced. Please put the headings of the required items for written evaluations in **bold** type:

Mentee Required Documents
1. **Evaluation of Mentorship Letter:** A written description and evaluation of your interactions with mentor. If there is more than one mentor, a separate evaluation letter is to be submitted for each mentor. Include a description under each bolded heading as follows:
   - **Contact:** Description of regular contacts with the mentor(s) (at least monthly is recommended; a list of dates is not required.)
   - **Summary:** Identify the most valued learning gained during mentorship regarding each of the following:
     - Professionalism
     - Ethical issues/Standards and Scope of Practice
     - Self-development
     - Case consultation
   - **Healing Touch Practice and Clinical Skills:** How the mentorship helped personal development of skills
   - **Demonstration of Healing Touch for mentor:** Brief description of treatment for mentor(s) or mentor observation experience
   - **Self-learning:** Description of what you have learned in general about yourself
   - **Benefits:** How mentorship benefited you or, if any difficulties arose, how you managed these?

2. **Applicant's Statement of Professional Responsibility (Pg 17).** This should be signed and dated immediately prior to application submission.

Mentor Required Documents: Each mentor must complete the required written documentation (include date, signature, and credentials). Co-mentors may submit a joint evaluation letter signed by both mentors.
1. **Mentor's Evaluation of Mentorship Experience:** An evaluation letter that includes a description under each bolded heading:
   - **Contact:** Description of regular contacts with mentee (at least monthly is recommended)
   - **Summary** of discussion(s) or observation(s) regarding case consultation, Healing Touch practice, professionalism, Code of Ethics and Standards and Scope of Practice, and self care practice
   - **Development of mentee as a Healing Touch Practitioner:** Development noted in applicant during mentorship
   - **Healing Touch Practice and Clinical Skills**
     a. Observations about applicant's current level of Healing Touch practice and clinical skills
     b. What activities did the mentee use to improve their practice or clinical skills during mentorship?
     c. Healing Touch treatment: Description of Healing Touch treatment or observed patient session. (It is highly recommended that the mentor receive a Healing Touch treatment from the mentee and/or observe a patient session).

2. **Mentor's Statement of Recommendation:** This should be signed and dated immediately prior to application submission (Pg 18). A separate mentor statement of recommendation is to be submitted by each mentor.
**Criterion 5: Educational Experiences**
Describe educational experiences that have assisted you in your development as a Healing Touch Practitioner. A combination of 15 books, tapes, or conferences attended is required. The majority must be books.

**Purpose**
To provide continued understanding and development of concepts related to holistic health care and your development as a healer.

**Action/Evidence Required:**
Educational experience reports with reflective statements are required for each category below. A paragraph report of approximately 200 words, single-spaced, is required for each educational experience. Include 2 or more reports per page.

**Index:** Include an index of the education experiences using the categories listed below. At least one report must be submitted for each of the categories below. The report may be based on a book, tape/CD, DVD, video, workshop, or conference. Place your report under the related **Bold** type category heading.

- Healing Touch
- Energy Medicine/Holism
- Ethics
- Quantum Physics
- Spiritual Development
- Personal/Professional Development
- Journaling

Please put the **headings** of the following required items in **bold** type:

- **Report/Reflective Statements** are to include:
  - **Full title**, author, publisher, and date of publication.
    - For conferences, include number of hours, dates, conference title, location, and instructor.
    - The time/experience needed for non-book experiences is at least 6 hours.
  - **Concepts**: A description of one or more concepts presented.
  - **Reflection**: Describe the following:
    - You are to consider whether a theory or idea presented is sound, or in what situation it is applicable.
    - How the material might be incorporated into your Healing Touch practice or personal life.
    - How the material stimulates the development of new ideas or promotes your creativity.
  - **Recommendations** you would make to others about this educational experience.

**Criterion 6: Case Study**
Provide a descriptive case study of in-depth Healing Touch work with one patient.

**Purpose**
To reflect the quality of your current Healing Touch practice and your ability to manage a case. To provide evidence of your competency and caring as a Healing Touch Practitioner.
**Action/Evidence Required**
Submit a descriptive case study (narrative form) of in-depth work with one patient with whom you worked after completion of Course 4. The case study should represent your competency and ability to manage a patient’s care.

**Format**
Guided by the Framework for a Healing Touch session, include a detailed description of a minimum of 3 and not more than 5 individual sessions with a patient. Additional sessions should be summarized. The case study is to be 8–10 pages, typed, double-spaced. Do not identify the patient by name. Each of the 3–5 sessions must include the following information, using the headings in **bold** type:

- **Date and length of session.**
- **Practitioner Preparation.** Describe how you prepare as a practitioner just prior to the treatment.
- **Assessment:**
  - **Initial Intake.** (For first session only.) Description of the client’s background and relevant information about the current situation from a holistic perspective.
  - **Update.** Subsequent sessions are to include updated information.
  - **Energetic Assessment.** Provide information related to the client’s energy system such as description of pendulum assessment, hand scan and/or other sensory assessment.
- **Problem Identification.** Brief descriptive statement of client’s presenting issues.
- **Mutual Goals.** Description of goals which are clearly mutually agreed upon by you and your client. Describe the plan for achieving and evaluating the desired goals. Plan may include anticipated number and frequency of treatments.
- **Planning:**
  - **Healing Touch Interventions** utilized and reasons for selection of technique(s). Please bold type the name of each technique used. Describe why a technique was selected based on overall goals, client’s symptoms and energetic evaluation. Techniques are to be done in accordance with HTI Healing Touch Certificate Program (steps of technique not required). **Describe subtle energetic findings experienced during the intervention being used in the session.** The case study focus must be on Healing Touch. If non-Healing Touch modalities are used, provide the entire name, description, and reference of the procedure/treatment.
  - **Energetic Re-Assessment.** Provide information related to the client’s energy system such as pendulum assessment, hand scan and/or other sensory assessment. Refer to Pre-Treatment energetic findings and note any changes that have occurred.
  - **Ground and Release.** Describe what is done to bring client’s awareness back to the present moment and to release practitioner from the client’s energy field.
  - **Evaluation and Feedback/Follow-up.** Description of client’s response/progress related to the mutual goals. Identify self care instructions/referrals and homework given to client.

The **Final Summary** of the case study is to include:

- **Final Evaluation:** Description of the patient’s progress for each initial goal and/or any additional mutual goals.
- **Discharge Planning:** Description of mutual plans for discharge. Identify ways you have prepared the patient for discharge and suggestions made to the patient for continuity of holistic care beyond your work with them. The plan may involve continuing to work toward attainment of goals set during the case study, previous teaching or other areas for healing, or maintenance of wellness and self care.
- **Referrals:** Description of referrals, when appropriate, made for the safety and enhancement of the patient’s health and well-being. If a referral was not made, address the reason.
Criterion 7: Documentation of HTI Healing Touch Certificate Program Techniques

Provide two mini case studies:

Provide **one mini case** study using one technique learned within Course 1 or 2. Provide a **second mini case study** using one technique learned within Course 3, including healer preparation of Hara Alignment, Core Star Expansion, Spinning Chakras, and Chelation. The two examples chosen are to be techniques not included, or least used, as part of your case study (Criterion 6). Identify why this group of techniques was chosen for use with this client. Use separate sessions and different clients for each mini case study.

**Purpose**
To demonstrate appropriate application of additional techniques.

**Action/Evidence Required**
Each mini case study is to be one to two pages, typed, and double-spaced. Put the **headings** of the following required items in **bold** type:

- **Group and Name of Technique.** Identify Group (1 or 2) and name of technique.
  - **Date.** Provide date and length of session/treatment.

Follow the narrative format of the case study, include all of the following:

- **Practitioner Preparation.** Describe how you prepare as a practitioner just prior to the treatment.
- **Assessment:**
  - **Initial Intake.** A brief intake: description of the presenting situation/issue
  - **Energetic Assessment.** Provide information related to the client’s energy system such as pendulum assessment, hand scan and/or other sensory assessment.
- **Problem Statement.** Brief descriptive statement of client’s presenting issues and priorities for goal setting.
- **Mutual Goals:** Description of goals which are clearly mutually agreed upon by you and your client.
- **Planning:**
  - **Healing Touch Intervention and Rationale** utilized and reasons for selection of this technique(s). Please bold type the name of the technique used. Describe why the technique was selected based on overall mutual goals, client’s symptoms and energetic assessment. Techniques are to be done in accordance with HTI Healing Touch Certificate Program (steps of technique not required). **Describe subtle energetic findings experienced during the intervention being used in the session.**
  - **Energetic Re-Assessment:** Provide information related to the client’s energy system such as pendulum assessment, hand scan and/or other sensory information. Refer to Pre-Treatment energetic findings and note any changes that have occurred.
- **Ground and Release.
- **Evaluation and Follow-up.**

**Criterion 8: Self-Study and Established Practice of Healing Touch**

Provide a statement of purpose or intent relating to your development, growth, and practice as a Healing Touch Practitioner following completion of the HTI Healing Touch Certificate Program. A practice that involves regular Healing Touch activities and treatments is important.

**Purpose**
To demonstrate the scope of your Healing Touch practice and personal growth and development as a healer.

**Action/Evidence Required**
Submit one to two pages, single-spaced, relating to your development, growth, and practice of Healing Touch. Each of the items below must be addressed.

Please put the **headings** of the following required items in **bold** type:

- **Personal Assessment:** Reflect on your current level of development as a Healer.
- **Current Practice:** Describe your current Healing Touch work and/or practice including the following:
  - Setting and location in which you practice
  - Average number of patients for which you have provided Healing Touch (average per week or month)
  - Average number of sessions per patient
  - Types of patients (age range and conditions presented, such as pain, cancer, or arthritis)
- **Plans:** Plans for further development of your Healing Touch practice.
- **Impact:** Describe your relationship and direct or indirect impact your Healing Touch work has on the surrounding local community, broader society, or the world.
- **Personal Development:** Plans for continuing personal and professional development.
- **Self Care:** Current self-care activities and plans for further self-care practice.
Application for Certification as a Healing Touch Practitioner

Date of Submission __________________ Language (if other than English) __________________

Name ____________________________________________________________

Last                                                                 First                                                                 MI

Credentials __________________________________________________________________________

Address _______________________________________________________________________________

City ___________________________ State/Province _______ Zip/Postal Code __________

Country ________________________________________________________________

Home Phone ___________________________ Cell Phone ___________________________

Home E-mail ___________________________ Work E-mail ___________________________

HBB Member ☐ Yes ☐ No

My application includes, in order, the following materials.
(Use this as a final checklist and submit with your application packet.)

Criterion 1: Completion of Course Work
☐ Copy of the HTI Certificate of Completion obtained after completion of all course work.
☐ Signed HTI Certified Healing Touch Course 5 Instructor’s Recommendation and Student Solutions Form, as needed.

Criterion 2: Professional Résumé, including a listing of all Healing Touch course work.
☐ Professional Résumé

Criterion 3: Healing Modalities
☐ Provide a reflective statement on each of the 10 modalities.

Criterion 4: Mentorship
☐ Applicant’s written Evaluation of Mentorship (and Co-mentor, if applicable) experience
☐ Applicant’s signed Professional Responsibility form
☐ Mentor’s (and Co-mentor’s, if applicable) written and signed Evaluation of Mentorship Experience
☐ Mentor’s (and Co-mentor’s, if applicable) signed Recommendation form
Criterion 5: Educational Experiences
   ____ Reflective statement of 15 books, tapes, DVDs, videos, workshops, or conferences.

Criterion 6: Case Study
   ____ Descriptive case study in narrative form reflecting in-depth work with one patient.

Criterion 7: Documentation of HTI Healing Touch Certificate Program Techniques
   Two mini case studies
   _____ Group One Case Study
   _____ Group Two Case Study

Criterion 8: Self-study and Established Practice of Healing Touch
   ____ Statements relating to development, growth, and practice as a Healing Touch Practitioner
HTI Healing Touch Certificate Program

Self-Evaluation and Professional Development – Course 5

Instructor’s Recommendation

Applicant’s Name ________________________________________________________________

Address _______________________________________________________________________

City __________________________ State/Province _________ Zip/Postal Code _________

Country ________________________ E-mail ________________________________

Preferred Phone _____________________ Work Phone _________________________

Recommendation for Certification

I recommend __________________________________________ apply for certification as a Healing Touch Practitioner, having completed all course work and demonstrating an active Healing Touch practice.

Instructor ________________________________________________________________

(Signature & Credentials)

Printed Name: ______________________________________________________________

Date: ______________________________________________________________________

NOTE: This recommendation form is to be completed by the Self-Evaluation and Professional Development (Course 5) Instructor, and must be submitted with your Healing Touch certification application to meet Criterion 1.
Applicant’s Statement of Professional Responsibility

Recognizing there are many areas of subtlety that cannot be established by written materials alone, you are asked to attest to the truth of the following statements.

☐ Yes ☐ No  I can demonstrate and use all the techniques taught in the HTI Healing Touch Certificate Program courses

☐ Yes ☐ No  The case study is representative of my level of understanding and competency and is an example of my current Healing Touch practice.

☐ Yes ☐ No  I take personal responsibility for clarifying and interpreting the content and scope of Healing Touch, and I maintain confidentiality of my healing activities and the documentation of all care provided.

☐ Yes ☐ No  I have read and attest that my practice adheres to the HTI Code of Ethics and Standards and Scope of Practice Statement as published by Healing Beyond Borders.

☐ Yes ☐ No  I take responsibility to obtain and maintain appropriate legal credentials or qualifications necessary to touch the human body as required in my state or geographical area.

☐ Yes ☐ No  Have you ever been convicted of a felony? If yes, please attach explanation.

☐ Yes ☐ No  I attest the above statements are true.

__________________________________________  Date _____________________
Signature of Applicant

__________________________________________
Clearly Printed Name of Applicant
Mentor’s Statement of Recommendation

I have worked with ___________________________ from _______ to _______

Mentor’s Name & Credentials ________________________________

Dates of Certification and Renewal ____________________________

Address ________________________________________________

City ___________________ State/Province __________ Zip/Postal Code __________

Country ________________________________________________

E-mail _________________________________ Home Phone ____________

The Certification Board of Healing Beyond Borders requests your assistance in determining the readiness of the applicant for Certification as a Healing Touch Practitioner. In addition to a letter describing the overall mentorship process with this applicant, please consider the following statements and indicate if you have seen evidence that the applicant meets the following criteria:

1. Has the mentorship process continued for a minimum of one year following the applicant’s completion of Course 4 in the approved Healing Touch Certificate Program? ☐ Yes ☐ No

2. Has the applicant demonstrated that she/he is an experienced, competent practitioner of Healing Touch? ☐ Yes ☐ No

3. Does the applicant adhere to the HTI Code of Ethics and Standards and Scope of Practice? ☐ Yes ☐ No

4. I would refer clients to this practitioner. ☐ Yes ☐ No

5. I recommend this applicant for certification as a Healing Touch Practitioner. ☐ Yes ☐ No

Supporting Remarks (“No” responses require a brief explanation; “Yes” response may be supported if desired): __________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

_____________________________________________ Date ________________

Signature of Mentor (Include Credentials)
Appendix 1
Application Review Information

Feedback to Applicants
Applicants receive a letter indicating the status/outcome of the evaluation.

Approved: The applicant will receive a letter of approval from the Healing Beyond Borders Certification Board and a Certificate of Certification as an HTI Healing Touch Practitioner through Healing Beyond Borders, granted for a period of five years.

Approval Pending: This status indicates the action required by the applicant to meet the certification requirements and is accompanied by a “feedback report.” This report provides direction for submission of additional material(s) as requested by the reviewers. Applicants have 60 days to submit updated materials. If the resubmitted materials meet the criteria, the application will be designated as “Approved.” If the materials do not meet the criteria, the application may be designated “Not Approved.”

Not Approved: This status results from a consensus of the Certification Board. The letter will clearly indicate the reasons/rationale for a “Not Approved” status. An appeal process is available for “Not Approved” status and is located below.

Grievance Procedure

If an applicant receives a “Not Approved” status/outcome and disagrees with this decision, they may appeal in writing to the Healing Beyond Borders Certification Board within 60 days of notification.

The Healing Beyond Borders Certification Board will consider the appeal and respond to the applicant within six (6) weeks. The response of the Certification Board to the appeal will either confirm the “Not Approved” status/outcome or will modify the status as warranted.

The applicant must send 4 copies of the original packet and letter of appeal to:

    Healing Beyond Borders – Certification Board
    445 Union Blvd., Suite 105
    Lakewood, CO 80228

    Appeal – Practitioner Certification
Appendix 2

Competencies of a Certified Healing Touch Practitioner

These competencies reflect the expected level of achievement of a Certified Healing Touch Practitioner (CHTP). The CHTP utilizes the Healing Touch process to influence the human energy system, and thereby affect physical, emotional, mental, social, environmental, and spiritual health and healing. The competencies are performed from a heart-centered perspective and for the highest good of the patient.

The Certified Healing Touch Practitioner is able to:

1. Perform any Healing Touch technique from the standard HTI Healing Touch Certificate Program in a safe and competent manner.

2. Effectively manage a patient case from admission through discharge.

3. Articulate the rationale for treatment and engage patients in the decision-making process.

4. Facilitate healing processes by using energy assessments, recognition of the patient’s needs, and knowledge of factors affecting health and energy healing.

5. Communicate effectively with patients and other health care providers, and make appropriate consultations and referrals when indicated.

6. Maintain confidentiality in documented records and other modes of communication.

7. Conduct him/herself in an ethical and professional manner with accountability and responsibility within the Standards of Practice for Healing Touch, personal credentials, and the practitioner role.

8. Integrate a holistic understanding of human beings in a Healing Touch practice, recognizing the role of other integrative healing modalities and respecting patients’ beliefs and practices.

9. Engage in ongoing study and development of the self as a healer.

10. Enact a leadership role with accurate and appropriate representation of Healing Touch and serve as a resource for the community.
Appendix 3

HTI Healing Touch Certificate Program
Course Descriptions, Content, and Learner Objectives

Healing Touch Description

Healing Touch is a relaxing, nurturing, heart-centered energy therapy that uses gentle, intentional touch that assists in balancing physical, emotional, mental, and spiritual well-being. Classified by the National Institutes of Health as a biofield therapy and nursing intervention, Healing Touch may be used to address the North American Nursing Diagnosis Association (NANDA-1) diagnosis of “Imbalanced Energy Field.” Healing Touch is a collection of standardized, noninvasive techniques that clear, energize, and balance the human and environmental energy fields. Healing Touch assists in creating a coherent and balanced energy field, supporting one's inherent ability to heal. It is safe for all ages and works in harmony with, is complementary to, and may be integrated with standard medical care.

Participants learn about the research basis that suggests Healing Touch is beneficial in calming anxiety and reducing symptoms of depression, decreasing pain, strengthening the immune system, enhancing recovery from surgery, complementing care for neck and spine problems, deepening spiritual connection, supporting cancer care, creating a sense of well-being, easing acute and chronic conditions, and supporting resiliency in health care providers.

HTI Healing Touch Certificate Program Description

The HTI Healing Touch Certificate Program is a continuing education program in energy therapy that is taught throughout the world. Well-grounded in nursing and scientific process, this transcultural course of study inspires an in-depth exploration of the human energy system and ancient healing traditions, as well as the qualities of therapeutic relationship, healing presence, and compassionate care within an energetic framework. Participants learn about the scientific basis and evidenced-based practice that underlies this energy therapy, and apply the unique theories and principles of holistic health from an energetic foundation and perspective.

Highly experiential as well as didactic, this exceptional, five-course certificate program moves from introductory to advanced practice, preparing the participant for a critical role in the unfolding field of complementary and integrative health care. The course of study focuses not only upon professional caring for and serving of others, but also upon transformational self-development and caring for oneself.

Over 100 continuing education contact hours eligible towards certification are available for this certificate program. Participants receive a continuing education certificate of attendance upon completion of each course taught by a Certified Healing Touch Instructor and receive a Certificate of Course Completion issued through Healing Beyond Borders, upon meeting all necessary practicum requirements. The graduate of this certificate program is then eligible to apply for credentialing as a Certified Healing Touch Practitioner.

Intended Audience

The HTI Healing Touch Certificate Program is intended for registered nurses, licensed health care professionals of other disciplines, body-oriented therapists, psychotherapists and counselors, or individuals and lay persons who desire an in-depth understanding of healing work that uses energy-based concepts and approaches. Becoming a Certified Healing Touch Practitioner is an appropriate goal for those who wish to establish a Healing Touch practice or incorporate Healing Touch as a major focus within an existing professional practice.
Certification as a Healing Touch Practitioner

Credentialing as a Certified Healing Touch Practitioner is available to those who meet eligibility requirements and have successfully completed the entire HTI Healing Touch Certificate Program. It is expected that prior preparation and work experience have contributed to the practitioner’s awareness and application of confidentiality, legal responsibility for hands-on practice, biomedical ethics, standards and scope of practice, therapeutic relationship, and civic involvement. Healing Beyond Borders administers certification through a separate review by a Certification Board using standardized criteria. Intended for the professional practitioner, certification acknowledges learning experiences and demonstration of competence as a Healing Touch Practitioner. The Certification Board does not license the practice of an individual or assume any legal responsibility for her/his practice.

HTI Healing Touch Certificate Program

FOUNDATIONS OF HEALING TOUCH

Course Description

The theoretical concepts that underlie holistic healthcare practices are explored along with how these concepts relate to the core values which guide the practice of Healing Touch. Healing Touch techniques used in the ethereal field are acquired along with an understanding of how these techniques interface with the human biofield.

Course Objectives

The learner will be able to:
1. Explore qualities and self-care needs of a Healing Touch Practitioner.
2. Discuss the facets of Healing Touch and correlate techniques that support physical, mental, emotional, and/or spiritual healing.
3. Demonstrate Healing Presence: the ability to remain grounded, present, and heart-centered.
4. Describe personal perceptions of subtle energy/heart-centeredness.
5. Apply the Healing Touch Framework to a variety of energy interventions.
6. Evaluate the seven energy centers (chakras) and related energy layers that surround the body.
7. Describe rationale with use of specific Healing Touch techniques.
8. Discuss the Healing Beyond Borders Code of Ethics, Standards of Practice and Scope of Practice required of a beginning Healing Touch student.

Course Content

- Holistic and energetic foundations of healing
- Fostering healing presence
- Core Values and development of the healer
- Principles and assessment of the human energy system
- Framework for a Healing Touch session
- Energetic Interventions: Chakra Connection, Chakra Spread, Field Repatterning, Laser(s), Modified Mesmeric Clearing, Noel’s Mind Clearing, and Scudder Meridian Clearing
- Clinical Applications: Pain and headache management
- Professional ethics and legal considerations
ENERGETIC PATTERNING AND CLINICAL APPLICATIONS
Pre-requisite, completion of Foundations of Healing Touch

Course Description

The skill of completing an intake interview that identifies patterns of behaviors for which Healing Touch techniques may be useful in assisting a patient to re-pattern their energy field is acquired. Healing Touch techniques learned in the foundation course are integrated into applications that assist in re-patterning spinal health. The appreciation of Healing Touch progresses to a deeper level with the acquisition of a technique to assist the patient in expanding their heart energy.

Course Objectives

The learner will be able to:

1. Demonstrate the ability to remain grounded, present, and heart-centered while working in the energy field.
2. Conduct an intake interview with a plan toward intervention.
3. Recognize that previous experiences may have an impact on physical, emotional, mental and spiritual health.
4. Assess the status of the chakras and biofield.
5. Document the process of re-patterning and balancing a patient’s biofield.
6. Apply techniques that support the health and comfort of the back.
7. Describe how the Healing Beyond Borders Code of Ethics, Standards of Practice and Scope of Practice relate to their developing as a Healing Touch practitioner.

Course Content

- Creating and supporting a healing environment
- Assessment skills and energetic patterning
- Clinical applications of energetic interventions
- Energetic Interventions: Chakra Connection, Glymphatic System Support, Hopi Technique, Spinal Flush, and Spiral Meditation
- Documentation of clinical findings
- Professional ethics and legal considerations of a developing healer

ADVANCED HEALER PREPARATION
Pre-requisite, completion of Energetic Patterning and Clinical Applications

Course Description

Methods of raising one’s energetic vibration are acquired that facilitate the student’s application of techniques that can be utilized with upper layers of the biofield.

Course Objectives

The learner will be able to:

1. Elevate the personal energy vibration to support upper level work.
2. Apply clearing, balancing, and energizing techniques to the upper energetic layers.
3. Deliver in-depth techniques to support spinal health.
4. Practice an Advanced Healing Session.
5. Identify how the Healing Beyond Borders Code of Ethics, Standards of Practice and Scope of Practice required of an advancing Healing Touch practitioner relates to their practice.

Course Content

- Deepening assessment of the human energy system
- Advanced healer preparation to elevate personal energetic vibration: Core Star Expansion, Hara Alignment, and Spinning Chakras
- Advanced healing session and its clinical application and rationale
- Advanced ethical application and use of high sense perception

CASE MANAGEMENT AND PROFESSIONAL PRACTICE

Pre-requisite, completion of Advanced Healer Preparation

Course Description

To align with the responsibilities of professional practice, this course is a practicum in which case management is implemented and multiple Healing Touch sessions are delivered over a period of time.

Course Objectives

The learner will be able to:

1. Apply a meditation (Etheric Vitality) to clear and raise the personal energetic vibration.
2. Create sequential Healing Touch sessions appropriate to a patient’s presentation.
3. Explore a variety of methods for practicing Healing Touch.
4. Work with other health care providers in a professional manner.
5. Describe the practicum process.
6. Identify how the Healing Beyond Borders Code of Ethics, Standards of Practice and Scope of Practice required of an advanced Healing Touch practitioner correlates to issues in their practice.

Course Content

- Professional practice issues
- Professional legal and ethical issues
- Case management using the framework for a Healing Touch session
- Case study presentation to professional peers
- In-depth study of clinical applications
- Advanced healer preparation: Etheric Vitality Meditation
- Preparation for mentorship and practicum
- Advanced healer development
SELF-EVALUATION AND PROFESSIONAL DEVELOPMENT

Pre-requisite, completion of Case Management and Professional Practice

Course Description

Completed mentorship activities are reviewed and evaluated to assist the students in identifying activities that can help them to grow in their professional practitioner role.

Course Objectives

The learner will be able to:

1. Analyze personal strengths, challenges and growth opportunities related to the practitioner role.
2. Evolve in the role from Healing Touch Student to Practitioner.
3. Share specific practicum learning to enhance personal and professional growth.
5. Correlate research studies to case situations and choices of treatment.
6. Present clinical cases to groups of professional care providers.
7. Incorporate in their professional practice the Healing Beyond Borders Code of Ethics, Standards of Practice and Scope of Practice required of a Healing Touch practitioner.

Course Content

- Case study presentation
- Clinical application refinement
- Presentation and evaluation of practicum experiences, including healing modalities, reading program, mentorship, and community service
- Identification of strengths and growth opportunities for the Healing Touch practitioner

Approved 1996; Revised & Approved, 10/02, 10/06, 01/09, 8/10, 3/12, 4/17