



# Healing Beyond Borders

Educating and Certifying the Healing Touch®

## HEALING TOUCH PRACTITIONER CERTIFICATION RENEWAL APPLICATION FORMS AND CRITERIA

Dear Certified Practitioner,

Welcome to the Healing Beyond Borders Healing Touch Practitioner Certification Renewal process. We are pleased that you have made the commitment to continue as a HTI Certified Healing Touch Practitioner. We acknowledge and thank you for your work in spreading healing light through your Healing Touch practice.

Each of the practitioner certification criteria outlined in this application are meant to highlight specific knowledge, skills, and judgment related to the development of professional and ethical practice. Please use the specific instructions for each criterion as well as the general instructions regarding the application format and process.

We thank you for renewing your commitment to excellence as a HTI Certified Healing Touch Practitioner.

In Light,

Healing Beyond Borders - Board of Directors  
Healing Beyond Borders - Certification Board

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## General Information and Directions

1. Certification is effective for and must be renewed every five years. Renewal applications must be submitted to the office of Healing Beyond Borders at **within 30 days before** the expiration date of your current certification.
2. Renewal of your HTI Practitioner Certification is based on the evidence presented in your portfolio regarding your:
  - Active Healing Touch practice
  - Continuing education activity
  - Quality of Healing Touch practice as evaluated by a peer
3. Renewal extends your certification for five years.
4. If your certification expires, you will no longer be able to use the title and credential of Certified Healing Touch Practitioner (CHTP) in your correspondence or in representing Healing Touch to the greater community. If you wish to become a HTI Certified Healing Touch Practitioner after your certification has expired, certain requirements must be met. An explanation of these requirements can be obtained from the Healing Beyond Borders' office.
5. Application Procedure
  - Submit a completed application form, application fee, and all required materials.
  - One copy of the completed application form may be submitted to the Healing Beyond Borders' office either by mail, fax, or e-mail (***This email must be sent directly from your personal email.***)
  - ***Retain one complete copy of your application for your records.***
6. **Non-refundable** Application Fee  
Send the completed application form and all required materials, along with fees.  
Renewal Rates: **\$125 US for HBB members** \$200 US for non-members  
Late Renewal Rates (*received after expiration date*): **\$200 US for HBB members** \$275 US for non-members
  - International applicants - Credit Card preferred
  - Credit card - pay online (VISA, MC, DISCOVER, AMERICAN EXPRESS)
    - Go to [www.HealingBeyondBorders.org](http://www.HealingBeyondBorders.org)
    - Click on SHOP, then CERTIFICATION FEES.
    - Add to Cart CHTP Re-Certification Member or Non-Member Renewal Fees.
    - Print the receipt and attach a copy to your application.
  - Non-Credit Card Payments: Include your check payable to Healing Beyond Borders.
7. To ensure you have included all materials, please use the checklist on page 9 of this application.  
**Do not enclose the checklist with your application.**
8. Forward one copy of your application package to:  
Healing Beyond Borders - Certification  
7112 W. Jefferson Ave., Suite 301  
Lakewood, CO 80235  
**Fax:** 303-980-8683 or **E-mail:** [Certification@HealingBeyondBorders.org](mailto:Certification@HealingBeyondBorders.org)

Given international postal rates, applicants from outside of the U.S. may submit their application materials by email as a **single** PDF file to [Certification@HealingBeyondBorders.org](mailto:Certification@HealingBeyondBorders.org)

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.

## Practitioner Renewal Criteria

### **Criterion 1: Statement of Professional Responsibility**

This statement is printed on page 6 of the application.

#### **Action/Evidence Required**

- Submit signed Statement of Professional Responsibility.

### **Criterion 2: Practice Statement**

Practice statement describing the scope and extent of one's current Healing Touch practice.

#### **Action/Evidence Required**

Submit a one-page, single-spaced, statement describing your current Healing Touch practice that includes the following:

- Setting/location in which you practice
- Average number of clients for which you provide Healing Touch (average per week or month)
- Average number of sessions per client
- Types of clients, including age range and conditions presented (e.g., pain, cancer, or arthritis)

### **Criterion 3: Continuing Education**

Documentation of 75 continuing education hours acquired during the previous five-year certification period from one of two categories: Category A, Healing Touch and other energy-based studies; and Category B, personal and professional development. **Twenty (20) of these hours must be acquired in the most recent two years.** These offerings may be obtained through professional development and advanced practice courses, the annual Healing Beyond Borders conference, other professional conferences such as American Holistic Nurses' Association conference, repeating Healing Touch courses, and/or correspondence and home-study courses, including online courses.

#### **Action/Evidence Required**

- Complete the Continuing Education Form on page 7 of this application.
- At least 37 education hours must be related to Category A (energy-based healing).
  - These could include courses from the HTI Healing Touch Certificate Program, other energy-related complementary therapies, or the annual Healing Beyond Borders conference.
- There are no minimum requirements for Category B (personal/professional development, including spiritual/intuitive development and self-care studies). Professional development hours must contribute in some way to your Healing Touch practice.
- Document courses and continuing education hours in chronological order. **Copies of certificates of attendance, with dates and numbers of education hours attended, must be maintained by you in case of a random audit.**
- Courses from the HTI Healing Touch Certificate Program and/or other related energy courses that are repeated or attended as a helper may be **counted only once per course level** toward continuing education hours acquired.
- 15 contact hours may be from books, audio recordings, or video recordings. One book is equivalent to one contact hour. **Information from audio and video recordings indicating run times must be retained by you in case of a random audit.**
- Support groups are **not** considered continuing education hours

### **Criterion 4: Peer Recommendation**

Provide a statement of peer recommendation from a Certified Healing Touch Practitioner familiar with your Healing Touch using the Peer Statement Recommendation form on page 8 of this application. The peer does not necessarily have to be in your geographic area, as long as she/he is familiar with your Healing Touch practice. ***\*If sending in an electronic copy, this form (pg. 8) must be emailed directly from the Peer to the Healing Beyond Borders Certification Administrator at [certification@healingbeyondborders.org](mailto:certification@healingbeyondborders.org). Please copy the applicant on this email.***

**Example Continuing Education Form for Criterion 3:**

Course or Activity Title	Course Dates	Type of Educational Course or Activity *	Category A Healing Touch or Other Energy-Related Studies	Category B Professional Spiritual Intuitive Self-Care Studies
		<input type="checkbox"/> Class <input type="checkbox"/> Conference <input type="checkbox"/> Workshop <input type="checkbox"/> Book (1 hour/book) <input type="checkbox"/> Audio/video recording (Run Time)	Hours	Hours
<b>HBB Annual Conference</b>	<b>9/20–23/yr</b>	<b>Conference</b>	<b>18</b>	
<b>Repeat, HT Course 3</b>	<b>3/9–11/yr</b>	<b>Class</b>	<b>20</b>	
<b>Tai Chi Introduction</b>	<b>1/4/yr</b>	<b>Workshop</b>		<b>4</b>
<b>Journaling the Healer’s Path</b>	<b>10/8–9/yr</b>	<b>Workshop</b>	<b>20</b>	
<b>Holistic Nursing Phase I</b>	<b>8/2–5/yr</b>	<b>Class</b>		<b>30</b>
<b>AHNA Annual Conference</b>	<b>6/1–5/yr</b>	<b>Conference</b>		<b>16</b>
<b>Intro to Craniosacral Therapy</b>	<b>10/02/yr</b>	<b>Workshop</b>	<b>9</b>	
<b>Advanced Energy Anatomy Audio Set – Carolyn Myss</b>	<b>7/5–8/yr</b>	<b>CD Set</b>	<b>9</b>	
<b>The Field – Lynn McTaggart</b>	<b>9/yr</b>	<b>Book</b>	<b>1</b>	
Total Number of Continuing Education Hours Per Category			Must total at least 37 hours	

**\* Total contact hours used for books and audio/video recordings may not exceed 15 hours**

**\* Twenty (20) of these hours must be acquired in the most recent two years**

**\* Category A must total at least 37 hours**

### Application for Renewal of Practitioner Certification

Date: \_\_\_\_\_ Language (if other than English): \_\_\_\_\_

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Name: \_\_\_\_\_

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Credentials: \_\_\_\_\_

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Address: \_\_\_\_\_

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City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

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Country: \_\_\_\_\_

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Home Phone: \_\_\_\_\_

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Cell Phone: \_\_\_\_\_

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Preferred Email: \_\_\_\_\_

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Original Certification Date: \_\_\_\_\_ Last Renewal Date(s): \_\_\_\_\_

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#### 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 each of the techniques taught in the HTI Healing Touch Certificate Program Courses 1–5.
- Yes  No I take personal responsibility for clarifying and interpreting the content and scope of Healing Touch and 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 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 I attest the above statements are true.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Applicant

### Continuing Education Form

Applicant's Name: \_\_\_\_\_

Course or Activity Title	Course Dates	<b>Type of Educational Course or Activity *</b> <input type="checkbox"/> Class <input type="checkbox"/> Conference <input type="checkbox"/> Workshop <input type="checkbox"/> Book (1 hour/book) <input type="checkbox"/> Audio/video recording (Run Time)	<b>Category A</b> Healing Touch or Other Energy-Related Studies  Hours	<b>Category B</b> Professional Spiritual Intuitive Self-Care Studies  Hours
Total Hours				

\* **Total contact hours used for books and audio/video recordings may not exceed 15 hours**  
 \* **Twenty (20) of these hours must be acquired in the most recent two years**  
 \* **Category A must total at least 37 hours**

Total number of continuing education hours in the past two years \_\_\_\_\_.

**Criterion 4: Peer Statement Recommendation**

The applicant has demonstrated that she/he is a competent practitioner of Healing Touch as evidenced by:

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Provide a brief statement relative to your knowledge of the applicant:

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Yes    No   I recommend this practitioner for certification renewal.

Yes    No   I would refer clients to this practitioner.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature & Credentials of CHTP)

Printed Name & Credentials of Peer: \_\_\_\_\_

Date(s) Certified/Renewed of Peer: \_\_\_\_\_

Peer Address: \_\_\_\_\_

\_\_\_\_\_

Peer Phone: \_\_\_\_\_

Peer E-mail Address: \_\_\_\_\_



**Practitioner Renewal Checklist**

**\*\* Do not submit this checklist with the application. \*\***

<input type="checkbox"/>	<p><b>Criterion 1: Statement of Professional Responsibility.</b> This statement is printed on page 6 of this application.</p>
<input type="checkbox"/>	<p><b>Criterion 2: Practice Statement.</b> Practice statement describing scope and extent of current Healing Touch practice.</p>
<input type="checkbox"/>	<p><b>Criterion 3: Continuing Education.</b> Documentation of 75 continuing education hours acquired during the previous five-year certification period.  Complete the Continuing Education Form on page 7 of this application.</p>
<input type="checkbox"/>	<p><b>Criterion 4: Peer Recommendation.</b> Statement of peer recommendation from a Certified Healing Touch Practitioner familiar with your Healing Touch practice.  Complete the Peer Statement Recommendation form on page 8 of this application.</p>

**Keep a copy of your application. It will not be returned to you.**

## Appendix 1

### Application Review Information

#### Feedback to Applicants

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

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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 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 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 and rationale for a “Not Approved” status. An appeal process is available for those receiving a “Not Approved” status and is outlined in Appendix 1 of this document.

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### 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 of receiving the appeal request. 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  
7112 W. Jefferson Ave., Suite 301  
Lakewood, CO 80235

Appeal – Practitioner Certification