Dear Certified Instructor,

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

Each of the instructor certification criteria outlined in this application are meant to highlight specific knowledge, skills, and judgment related to professional and ethical teaching. 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 Instructor.

In Light,

Healing Beyond Borders - Board of Directors
Healing Beyond Borders - Certification Board
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General Information and Directions

1. Instructors must have a current HTI Instructor Certification through Healing Beyond Borders to teach in the HTI Healing Touch Certificate Program. This certification is effective for five years. Renewal applications must be submitted to the office of Healing Beyond Borders at least 30 days before the expiration date of your current certification.

2. Renewal of your HTI Instructor Certification is based on the evidence presented on your application, the criteria described in this application packet, and the following:
   a. Current, sustained membership in Healing Beyond Borders (required);
   b. Ongoing Certification as a HTI Healing Touch Practitioner (required);
   c. Record of continuing education regarding teaching; and
   d. Teaching of Course 1 classes (at least five classes during the most recent certification period required)

3. Renewal extends your certification for five years, which allows students in your classes to progress in the HTI Healing Touch Certificate Program.

4. If your certification expires, you will no longer be able to use the title or credential of Certified Healing Touch Instructor (CHTI) in your correspondence or in representing Healing Touch to the greater community. If you wish to become a HTI Certified Healing Touch Instructor again following the expiration of your certification, certain requirements must be met. An explanation of these requirements can be obtained from the Healing Beyond Borders office.

5. Application Procedure
   a. Submit a completed application form, application fee, and all required materials outlined in this application.
   b. One copy of the completed application form must be submitted to the Healing Beyond Borders office either by postal mail, fax, or e-mail (scanned electronic signature required).
   c. **Retain one complete copy of your application for your records.**

6. **Non-refundable Application Fee:** $100.00 USD
   Send your completed application form and all required materials:
   Include a 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 CERTIFICATION FEES
   - Add to Cart CHTI Re-Certification Member Renewal Fee
   - Print receipt and attach a copy to your application

7. To ensure you have included everything, please use the application checklist on page 7 of this application. **Do not enclose the checklist with your application.**

8. Submit one copy of your application portfolio to:
   Healing Beyond Borders – Certification
   7112 W. Jefferson Ave., Suite 301
   Lakewood, CO 80235
   Phone 303 989-7982 Fax: 303 980-8683 Email: [Certification@HealingBeyondBorders.org](mailto:Certification@HealingBeyondBorders.org)
Certification Renewal Instructions & Guidelines

**Criterion 1: Statement of Self-Evaluation of Teaching**

Write a statement providing a self-evaluation of your teaching, including teaching experiences, teaching expertise, and future goals as an instructor.

**Action/Evidence Required**
- Submit a typed personal statement, single-spaced on one page.

**Criterion 2: Record of HTI Healing Touch Certificate Program Classes Taught**

Demonstrate an established and current teaching record of all HTI Healing Touch Certificate Program classes taught, including at least five Course 1 (Foundations of Healing Touch) classes taught in the past five years.

**Action/Evidence Required**
- Submit in typed form a list of all HTI Healing Touch Certificate Program classes taught over the past five years.
- Classes should be listed in chronological order and include the date, location, and course level.
- Course 1 (Foundations of Healing Touch) classes should be listed in **bold**.

**Criterion 3: Documentation of Continuing Instructor Education**

Documentation of continuing education to build a knowledge base about energy healing, networking and building community among instructors, updating instructor skills regarding changes to the HTI Healing Touch Certificate Program course of study, and maintaining standardization of the techniques taught.

**Action/Evidence Required**
- Provide a summary statement of the information presented in the table on page 5. You must complete the activities in Column A and one of the two activities listed in Column B.
<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Required</strong></td>
<td><strong>Choose one of the two options below</strong></td>
</tr>
<tr>
<td>List the dates and locations of at least three Instructor Meetings hosted annually either by</td>
<td>Documentation of at least three activities to maintain expertise as an adult educator (i.e.</td>
</tr>
<tr>
<td>Healing Beyond Borders or an Affiliate Country.</td>
<td>observe another HTI Certified Instructor teaching, read books or articles, or attend</td>
</tr>
<tr>
<td>If you were unable to attend one or two of the required meetings, you may meet by phone,</td>
<td>workshops or seminars). Include for each activity, a brief summary and evaluation of</td>
</tr>
<tr>
<td>e-mail, video conference (e.g., Skype), or in person with a certified instructor who attended</td>
<td>how they apply to your instructor role (use one page, single-spaced).</td>
</tr>
<tr>
<td>the annual Healing Beyond Borders Instructor Meeting to discuss the content of the meeting.</td>
<td><strong>OR</strong></td>
</tr>
<tr>
<td>Summarize your discussion in one to two paragraphs, and include the peer instructor’s</td>
<td>Instructor Peer Review from another HTI Certified Instructor.</td>
</tr>
<tr>
<td>name and the date you met.</td>
<td>• Have a CHTI review at least three hours of your teaching during one of your classes. The</td>
</tr>
<tr>
<td></td>
<td>class observation must be within the past five years.</td>
</tr>
<tr>
<td></td>
<td>• Have the CHTI complete the Instructor Peer Review Form (see page 8)</td>
</tr>
<tr>
<td></td>
<td>• Alternate ways to meet requirements for Peer Review:</td>
</tr>
<tr>
<td></td>
<td>o Co-teach a HTI Course 1 class with another certified instructor and have that person</td>
</tr>
<tr>
<td></td>
<td>review you; or</td>
</tr>
<tr>
<td></td>
<td>o Attend a HTI Course 1: Foundations of Healing Touch Instructor Training (free of charge</td>
</tr>
<tr>
<td></td>
<td>with advanced notice of attendance)</td>
</tr>
</tbody>
</table>
# Application for Renewal of HTI Instructor Certification

**Name**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Credentials</th>
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<tbody>
<tr>
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</tbody>
</table>

**Address**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Posta</th>
<th>City</th>
<th>State/Province</th>
<th>Code</th>
</tr>
</thead>
</table>

**Preferred Phone**

<table>
<thead>
<tr>
<th>Cell Phone</th>
</tr>
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</table>

**Email**

<table>
<thead>
<tr>
<th>Work Phone</th>
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</thead>
</table>

**Date of Application**

<table>
<thead>
<tr>
<th>HBB Member #</th>
</tr>
</thead>
</table>

**Original Practitioner Certification Date**

<table>
<thead>
<tr>
<th>CHTP #</th>
<th>Last Renewal Date</th>
</tr>
</thead>
</table>

**Original Instructor Certification Date**

<table>
<thead>
<tr>
<th>CHTI #</th>
<th>Last Renewal Date</th>
</tr>
</thead>
</table>

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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 have read the HTI Instructor Guidelines and I attest that my teaching practice adheres to these Instructor Guidelines.
  - I have read the Code of Ethics/Standards of Practice and the Scope of Practice Statement as published by Healing Touch International, Inc., and I attest my practice adheres to these Code of Ethics/Standards of Practice, and Scope of Practice.
  - 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.
  - I attest the above statements are true.

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<table>
<thead>
<tr>
<th>Date</th>
<th>________________</th>
</tr>
</thead>
</table>

**Signature of Applicant**
Instructor Renewal Checklist

Please use this checklist to ensure your application is complete. **Do not return this checklist with your application.**

<table>
<thead>
<tr>
<th>☐</th>
<th>Completed Application Form (p. 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Criterion 1: Statement of Self-Evaluation of Teaching</td>
</tr>
<tr>
<td>☐</td>
<td>Personal statement regarding self-evaluation of teaching expertise</td>
</tr>
<tr>
<td>☐</td>
<td>Criterion 2: Record of HTI Healing Touch Certificate Program Classes Taught</td>
</tr>
<tr>
<td>☐</td>
<td>Chronological listing of all HTI Healing Touch Certificate Program classes taught in the past five years, with Course 1 (Foundations of Healing Touch) classes listed in <strong>bold</strong></td>
</tr>
<tr>
<td>☐</td>
<td>Criterion 3: Documentation of Continuing Instructor Education</td>
</tr>
<tr>
<td>☐</td>
<td>Summary statements regarding continuing instructor education to maintain/improve teaching expertise</td>
</tr>
</tbody>
</table>

**Application Submission**

| ☐ | Original signed and dated application |
| ☐ | Two complete copies of the original application |
| ☐ | Retain one complete copy of original application |
| ☐ | Check, money order, or credit card information for application fee of $100 U.S.D. payable to Healing Beyond Borders |

*Be sure to keep a complete copy of your application.*

*Your application will not be returned to you.*
### Instructor Peer Review Form (Criterion 3: Optional)
*(Peer review must be completed by an active HTI Certified Healing Touch Instructor)*

**Teaching Activity Checklist**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introductions/Opening</strong></td>
<td></td>
</tr>
<tr>
<td>Meditations</td>
<td></td>
</tr>
<tr>
<td><strong>Overview of Healing Touch</strong></td>
<td>(1-2 hr)</td>
</tr>
<tr>
<td>Definition, History, Benefits, Theory, HTI and Certificate</td>
<td></td>
</tr>
<tr>
<td>Program Overview, sensing energy</td>
<td></td>
</tr>
<tr>
<td><strong>Framework for HT Session</strong></td>
<td>(2 hr)</td>
</tr>
<tr>
<td>Presentation</td>
<td></td>
</tr>
<tr>
<td>Demonstration</td>
<td></td>
</tr>
<tr>
<td>Seven Steps</td>
<td></td>
</tr>
<tr>
<td><strong>Human Energy System</strong></td>
<td>(2 hr)</td>
</tr>
<tr>
<td>Energy Field/Chakra lecture</td>
<td></td>
</tr>
<tr>
<td>Assessment: Pendulum, Hand Scan, Sensing EF, other</td>
<td></td>
</tr>
<tr>
<td><strong>Modified Mesmeric Clearing</strong></td>
<td>(1-1 ½ hr)</td>
</tr>
<tr>
<td>Demonstration</td>
<td></td>
</tr>
<tr>
<td>Exchange &amp; Sharing</td>
<td></td>
</tr>
<tr>
<td><strong>Chakra Connection</strong></td>
<td>(1 ½ - 2 hr)</td>
</tr>
<tr>
<td>Demonstration</td>
<td></td>
</tr>
<tr>
<td>Exchange &amp; Sharing</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Applications Pain Mgmt</strong></td>
<td>(½ - 1 hr)</td>
</tr>
<tr>
<td>Laser(s), Siphon, Pain Spike</td>
<td></td>
</tr>
<tr>
<td>Pain Ridge, Wound Care</td>
<td></td>
</tr>
</tbody>
</table>

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**Applicant’s Name**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
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<tbody>
<tr>
<td></td>
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</table>

**Class Location**

<table>
<thead>
<tr>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Peer CHTP/I Name**

<table>
<thead>
<tr>
<th>Phone</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

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**Time: Suggested / Allotted**

**Comments**
Healing Beyond Borders HTI Healing Touch Instructor Certification Renewal

### Headache Management

<table>
<thead>
<tr>
<th>Time: Suggested / Allotted</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(½ - 1 hr)</td>
<td></td>
</tr>
</tbody>
</table>

- **Sinus**
- **Tension**
- **Migraine, Head Trauma**

(½ - 1 hr)

- **Noel’s Mind Clearing** *(optional)*

(½ - 1 hr)

- **Scudder Meridian Technique** *(optional)*

(½ - 1 hr)

- **Development of Healer**
- **Self-Care/Journaling**

(1 - 2 hr)

- **Heart to Heart Connection**
- **Chakra Spread**
  - **Demonstration**
  - **Exchange/Sharing**

(½ - 1 ½ hr)

- **Legalities, Ethics**
- **Scope of Practice**

**Supervisor Comments:**

**Opportunities for Improvement:**

**Signature of Peer Instructor**

HTI Certified Healing Touch Instructor (Observer)

**Date Certifed/Renewed**

Name/Credentials of Peer (Print clearly)
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 Instructor (CHTI).

**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” and disagrees with the decision, she/he 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. Their response will either confirm the “Not Approved” status 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