

Instructor Peer Review Form (Criterion 3: Optional)
(Peer review must be completed by an active HTI Certified Healing Touch Instructor)
Teaching Activity Checklist

Applicant's Name _____
Last Name First Name MI

Class Location _____ **Dates** _____

Peer CHTP/I Name _____ **Phone** _____

	Time: Suggested / Allotted	Comments
Introductions/Opening		
<i>Meditations</i>		

Overview of Healing Touch	(1-2 hr)	
<i>Definition, History, Benefits, Theory, HTI and Certificate</i>		
<i>Program Overview, sensing energy</i>		

Framework for HT Session	(2 hr)	
<i>Presentation</i>		
<i>Demonstration</i>		
<i>Seven Steps</i>		

Human Energy System	(2 hr)	
<i>Energy Field/Chakra lecture</i>		
<i>Assessment: Pendulum, Hand Scan, Sensing EF, other</i>		

Modified Mesmeric Clearing	(1-1 ½ hr)	
<i>Demonstration</i>		
<i>Exchange & Sharing</i>		

Chakra Connection	(1 ½ -2 hr)	
<i>Demonstration</i>		
<i>Exchange & Sharing</i>		

Clinical Applications Pain Mgmt	(½ -1 hr)	
<i>Laser(s), Siphon, Pain Spike</i>		
<i>Pain Ridge, Wound Care</i>		

Healing Beyond Borders HTI Healing Touch Instructor Certification Renewal

Headache Management	Time: Suggested / Allotted (½ -1 hr)	Comments
<i>Sinus</i>	_____	_____
<i>Tension</i>	_____	_____
<i>Migraine, Head Trauma</i>	_____	_____

(½ -1 hr)

Noel's Mind Clearing <i>(optional)</i>	_____	_____
	(½ -1 hr)	

Scudder Meridian Technique <i>(optional)</i>	_____	_____
	(½ -1 hr)	

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

(1-2 hr)

Heart to Heart Connection	_____	_____
Chakra Spread	_____	_____
<i>Demonstration</i>	_____	_____
<i>Exchange /Sharing</i>	_____	_____

(½-1 ½ hr)

Legalities, Ethics	_____	_____
Scope of Practice	_____	_____

Supervisor Comments: _____

Opportunities for Improvement: _____

Signature of Peer Instructor _____	Date _____
<small>HTI Certified Healing Touch Instructor (Observer)</small>	

_____ Name/Credentials of Peer (Print clearly)	_____ Date Certified/Renewed
---	---------------------------------