



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 to the practitioner development process, Healing Touch practice, and clinical health care. 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.
 - A CHTI who is not a nurse may serve as a primary mentor without the need for a secondary nurse mentor.
- Mentorship must have been in effect for a minimum of one year following the completion of Course 4 and must continue through the certification application process.
 - Secondary mentors (nurses or non-nurses) must provide consistent mentorship throughout the process.

Mentor Resources

- HBB Healing Touch Mentorship Guidelines are available at www.HealingBeyondBorders.org or from the HBB office

Action/Evidence Required:

Submit the following completed forms (pg. 16-17) 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 your mentor. If there is more than one mentor, a separate evaluation letter is to be submitted for each mentor. The evaluation of mentorship letter(s) must be signed, dated, and include your credentials. 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 self-assessment about applicant's current level of Healing Touch practice and clinical skills, as well as discussion with mentor(s) regarding energetic patterns, clinical applications, advanced healer preparation, and healing presence.
 - **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 (see pg. 16).** This should be signed and dated immediately prior to application submission.



Mentor Required Documents

Each mentor must complete the required written documentation (**each letter must include mentors signature, credentials and date signed**). A joint evaluation letter signed by primary and secondary mentors may be submitted, to include each mentors signature, credentials and date signed.

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**
 - Observations about applicant's current level of Healing Touch practice and clinical skills
 - Activities the mentee used to improve their practice or clinical skills during mentorship
 - Summary of discussions regarding energetic patterns, clinical applications, advanced healer preparation, and healing presence.

2. **Mentor's Statement of Recommendation:** This should be signed and dated immediately prior to application submission (see pg. 17). A separate mentor statement of recommendation is to be submitted by each mentor.