

## Mentor's Statement of Recommendation

I have worked with \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Mentor's Name and 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 patients 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" responses may be supported if desired): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Mentor (Include Credentials)