

Mentor's Statement of Recommendation

I have worked with _____ from _____ to _____

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|---|
| Mentor's Name & 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 Level 4 in the approved curriculum? 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/ Standards of Practice and Scope of Practice? Yes No
4. I would refer clients 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" response may be supported if desired): _____

Signature of Mentor (Include Credentials) Date _____