

The Therapeutic Touch Network of Ontario 10 Four Seasons Place, Suite 1000 Toronto, ON M9B 6H7 Phone: 416-649-5885

Email: memberships@ttno.ca

Dear Member

As fall signals our change of season it also signals our time for your membership renewal for 2026. The TTNO is grateful to have you as a valued member of this dynamic network, and we are looking forward to yet another amazing year of activities to grow your practice of Therapeutic Touch®. The membership categories are AM (Associate Member); GM (General Member); RP (Recognized Practitioner); RT (Recognized Teacher); EM (External Member); TE (Teacher Emeritus). We begin processing renewals in November and hope to finish the renewal process by the end of January. To be included in the 2026 Ontario Directory of Members on the TTNO website you must check the appropriate box at the top of the renewal form.

You may notice a new, optional question on our forms asking which age group you belong to. TTNO is beginning to gather basic demographic information to better understand who we are currently serving and how we can reach new audiences. This will help us make choices about communications and outreach, ensuring that we are using the platforms and formats that best connect with our community. Providing this information is completely voluntary and your responses will be kept confidential.

If you have any questions or need assistance with your application, please contact the TTNO Office at 416-649-5885 on Tuesdays and Thursdays from 10 am to 5 pm.

Payment options include:

OPTION 1: ONLINE FORM AND PAYMENT

Fill in the required information using the Online Members Renewal Form.

When completed, Click on the "Add to Cart" button and you will be taken to your Shopping Cart. Please review the information. If you're satisfied, click on "Proceed to Checkout". If not, delete the cart item and start again. Once you are on the Checkout page, you have the option of paying by e-Transfer, cheque, credit card or PayPal.

OPTION 2: EMAIL PLUS CREDIT CARD PAYMENT

Download the Renewal Package from the website and complete it on your computer. It is a fillable form so you need to save it with a new name to keep your information. You can email it as an attachment to the TTNO office at memberships@ttno.ca. Then, phone the TTNO office at the number above with your credit card information to complete the process. Do not send credit card information in your email.

OPTION 3: EMAIL PLUS E-TRANSFER

Same as Option 2 indicating e-Transfer as your selected method. Email e-Transfer payment to memberships@ttno.ca. The renewal will be processed once both payment and renewal form are received.

OPTION 4: CANADA POST

Download and print out the Renewal Package from the website or request it from the office. Complete the renewal form(s) and mail them along with your payment to the TTNO office at the address above.

Sincerely

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Anne Davies

TTNO Membership Chair



THE THERAPEUTIC TOUCH NETWORK OF ONTARIO **MEMBERSHIP RENEWAL FORM**

Please send completed form with your annual fee to: The TTNO, 10 Four Seasons Place, Suite 1000, Toronto, M9B 6H7 *If you need assistance, please contact the TTNO Office* @416-649-5885 or email @ memberships@ttno.ca.

Renewal Year:		20										
In order to conform to the Personal Information Protection and Electronic Documents Act (PIPEDA), please check all boxes that apply for you and sign where indicated.												
I give my permission to the TTNO												
To collect and use my personal information. This information shall be used solely for the TTNO membership records, and												
To provide you with information about TTNO activities. It will not be released to outside parties except as required by law.										d by law.		
	To include my personal information in this year's TTNO Directory of Members To send me emails regarding TTNO business news Upcoming events Newsletter only											
To use images of my person on the website or in the TTNO newsletter												
Signature Required			Date									
CONTACT	Name				C	ategor	y: AM	GM	RP	RT	EM	TE
	Address			Member #:								
	City		Province:				Postal Code:					
	Email							Phone:				
Age Group - Providing this information is completely voluntary and your responses will be kept confidential.												
Prior to 1946 1946 – 1964 1965 – 1980 1981 – 1996 1997 – 2012 2013 – present												
7	_	utic Touch Level(s)	and/or Educa	tional (ar fo	r Maintain	ing RP	Status
ō	Name of W	orkshop or Event			N	ame o	f Teacher	•		Date (month/y	/ear)
EDUCATION												
ž												
Ш												
Maintaining I have met all the requirements f			s for maintaining RP Status (See Maintaining RP status criteria attached)									
RP/RT Status		I have met all the	I have met all the requirements for maintaining RT Status (See Maintaining RT status criteria attached)								tached)	
Stat	us Change	Change I would like to change my status t			o: Year of Grace Leave of Abs				Abser	sence Retirement		
ď	I lead a	Branch Meeting		2	I wou	uld be willing to participate in/at:						
2 G	Location				INTEER	T	TNO Conference					
BRANCH	I attend Branch Meetings						nerapeutic Touch Awareness Task (TTAW) Group				Group	
	Location						TNO Committee under the Board of Directors				rs	
	I would like to attend Branch Meetings			Other Area of Interest								
	ERRAL VICE	I wish to receive re	eferrals from the	e:	Т	TNO F	Referral C	oordinator		TTNC) Websit	te
MEN	BERSHIP (CATEGORIES ANI	D FEES D	ue Befo	ore Jai	nuary 3	31 of each	Calendar	Year			
	Associate Member \$20.00 + \$2.60 (HST) = \$22.60						I have paid by e-Transfer to memberships@ttno.ca					
	General Member \$65.00 + \$8.45 (HST) = \$73.45 Recognized Practitioner \$80.00 + \$10.40 = \$90.40 Recognized Teacher 100.00 + \$13.00 = \$113.00						I have en	closed a		Cheque	\$ Or	rder
							I plan to pay by VISA Mastercard				tercard	
							and will contact the office with my card information					
	External Member \$65.00 + \$8.45 (HST) = \$73.45						Note: Online Registration and Payment is available from					
	Teacher Emeritus \$60.00 donation					the website https://www.therapeutictouchontario.org						
	Newsletter Hardcopy requested \$30.97 +\$4.03 (HST) = \$35.00					If you need assistance please contact the office at						
Pr	evious Mem. Category Donation \$						410-049-	416-649-5885 or memberships@ttno.ca				

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THE THERAPEUTIC TOUCH NETWORK OF ONTARIO

HOW TO MAINTAIN YOUR RECOGNIZE	PRACTITIONER (RP) STATUS				
A. YOU MUST BE A MEMBER IN GOOD STANDING - this means that you have paid your annual membership fee	B. ATTEND A MINIMUM OF FOUR (4) BRANCH MEETINGS PER YEAR WITH A THERAPEUTIC TOUCH® PRACTICUM				
Each year, you must complete one or a combination of the of eight (8) hours of study specific to Therapeutic Touch® (*Activities which may include attending additional Educatio previous year.	T) and Two (2) or more of the Therapeutic Touch	um			
C. EDUCATIONAL OPTIONS	D. THERAPEUTIC TOUCH ACTIVITIES				
Basic levels 1, 2, or 3	Attend four additional Branch meetings per year where T sessions are exchanged	-			
Foundations of upgrade (Tune-up) or Foundations of Therapeutic Touch®	Write a submission for inTouch				
Transpersonal Nature of TT	Participate/present on behalf of a Therapeutic Touch at a				
Transpersonal Nature of TT Upgrade (Tune-up)	community event (i.e., health fair, Therapeutic Touch				
Attend a TTNO-approved Therapeutic Touch workshop or retreat	Awareness Week event)				
Attend and/or facilitate a Professional Development Day(PDD). (Note to Teachers: If used for maintaining RP status, the same PDD cannot be used for maintaining Recognized Teacher (RT) status)	Offer Therapeutic Touch on a regular basis (i.e., hospic long term care, hospital)				
Attend an event approved by the Teacher Liaison Committee as an Educational Component (Conference	Serve on a TTNO committee				
Teachers Day, Attend the full TTNO Annual Conference with the inclusion of a Practicum session	Participate in a Therapeutic Touch study or research				
Attend a Therapeutic Touch Event or workshop outside the province of Ontario	Regularly supervise Workbook Practitioner case studies (3-5 sessions/year)				
Review an approved TTNO-TT resource and submit a review to	Serve as a mentor to a workbook practitioner				
the designated TTNO Reviewer(s) - must be pre-arranged with the PLC.	An additional educational component (i.e., workshop or retreat)				
		Y			
	Offer at least four TT sessions per month - a total of 48 sessions per calendar year				
E. YOU MUST CONTINUE YOUR PRACTICE OF	Receive Therapeutic Touch sessions on a regular basis				
THERAPEUTIC TOUCH (the items at the right are suggestions only)	Regularly evaluate and improve your skills in Therapeutic Touch				
right are suggestions only)	Continue a program of self-healing and personal growth				
	Pursue a regular reading program of Therapeutic Touch texts and articles				
HOW TO MAINTAIN YOUR RECO		_			
1.YOU MUST BE A MEMBER IN GOOD STANDING, MEANING YOU HAVE	3.PROFESSIONAL DEVELOPMENT-Each year you may choose any one (1) of the following:				
a. Maintained the status of RP (above)	Attend a Teachers Day				
b. Paid your annual membership fee as RT	Serve actively on the Teacher Liaison Committee				
2.TEACHING REQUIREMENTS	Mentor a student teacher.				
a. You have completed the Self-Assessment:Teaching of Therapeutic Touch annually	Present at a Teachers Day, a TTNO-approved event OR present a session at the Annual Conference				
b. Have completed 1 of the following within the year:	Facilitate a Professional Development Day				
Taught at least one Therapeutic Touch workshop	Attend a pre-approved workshop that enhancesyour teaching of Therapeutic Touch				
Reviewed a submission for the Teacher Liaison Committee	Complete a second item from the Teaching Requirement List				
Audit a Therapeutic Touch Workshop (preferably a basic level) by another RT & completed audit form & reviewed itwith the workshop teacher	Enter comments here:				
Developed an approved Continuing Education Workshop					

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Name:

THE THERAPEUTIC TOUCH NETWORK OF ONTARIO MEMBERSHIP RENEWAL FORM

Complete appropriate sections as required by your membership category
Section A: All Categories if applicable
Section B: all Teachers

Member #:

SECTION A) Notes / Comments: Additional levels or ed	educational credits (carried c	over from Rene	ewal Form)
SECTION B) TEACHING STATISTICS			YEAR	20
LEVELS			# OF TIMES PRESENTED	TOTAL # of STUDENTS
Level 1				
Level 2				
Level 3				
Foundations of Therapeutic Touch®				
Transpersonal Nature of Therapeutic Touch®				
Application of the Inner Process of Therapeutic Touch®				
CONTINUING EDUCATION TTNO Approved Workshops / Professional Development	ent Days- Please I	List		
NOTE TO A CONTROL OF D	1 1 11 11 55			. –

NOTE: Teachers must submit this form with Section B completed to the office along with their Renewal Form.

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