



**BASIC PERSONAL INFORMATION**

Please fill in this information clearly and completely, in ink. Keep this page in your workbook, filling it in as you complete additional Therapeutic Touch® workshops and activities. **This is to be sent in with your workbook when it is complete.**

Name \_\_\_\_\_ TTNO Member # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_

I attend the \_\_\_\_\_ TTNO Branch(es).

**BASIC LEVELS** (recommended 6 months between Levels 1 & 3)

Level	Teacher	Date y/m/d
Level 1		
Level 2		
Level 3		

**CONTINUING STUDIES** – This may be either repeated levels with a teacher other than your basic level teacher or TTNO-approved Continuing Education workshops (See *Extenuating Circumstances*, p. 17). The TTNO Professional Development Day and the Annual Conference may count as a maximum of eight educational hours toward achieving Recognized Practitioner status.

Workshop Name	Teacher	Date y/m/d	Hours
Total hours <b>32 hours minimum</b>			

Once you have completed all your required hours of study, it is important for you to continue attending educational activities, as if you were a Recognized Practitioner. (See the guidelines for *Maintaining Recognized Practitioner Status*, Appendix, p. xvi)

**ADDITIONAL ACTIVITIES:** Retreats, additional Professional Development Days and Annual Conferences

Workshop/Event	Teacher	Date y/m/d	Hours