BASIC PERSONAL INFORMATION

Please fill in this information clearly and completely. Keep this page in your workbook, filling it in as you complete additional Therapeutic Touch[®] courses. It is required that you study with a variety of teachers. Please include this page when submitting your completed workbook.

Name				TTNO	Membe	ership #
Address						
City			Province:		Postal (Code:
Email			Primary Co	ntact #:		
			Alternate #:			
I attend the following TTNO Branch(es)						
BASIC THERAPEUTIC TOUCH		Teacher(s)		Date		
TRAINING						
Level 1						
Level 2						
Level 3						
FUNDAMENTAL THERAPEUTIC						
TOUCH TRAINING						
Upgrade to Foundations of Therapeutic Touch [®]						
Foundations of Therapeutic Touch®						
Upgrade to Transpersonal Nature of Therapeutic Touch [®]						
Transpersonal N Touch [®]	ature of Therapeutic					
Application of the Therapeutic Tour	e Inner Process of ch [®]					

CONTINUING STUDIES (16 HOURS MINIMUM): This may include:

- Repeating TT courses with a different teacher.
- TTNO-approved Continuing Education workshops.

One TTNO Professional Development Day **OR** Annual Conference (a maximum of eight educational hours).

Workshop Name	Teacher(s)	Date	Hours
		Total hours	

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. xviii)*.

ADDITIONAL ACTIVITIES: Approved TT workshops, retreats, and annual conferences.

Workshop/Event	Teacher	Date	Hours