



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,

Another year has passed and it is time for you to renew your membership for 2019. The TTNO is grateful to have you as a member of this dynamic network and we look forward to another amazing year of activities to grow your practice of Therapeutic Touch®.

This year we have decided to process renewals beginning in October. Members have stated that December is a very busy month and we need the extra time to get this task accomplished. We are hoping that an earlier start will eliminate the large number of late renewals that we have been experiencing. It is important for the office to complete renewals before the onset of Therapeutic Touch Awareness Week planning activities that begin in March for our Office Manager.

Remember that hard copies of the *inTouch* are available for a fee of \$25.00 (incl. HST) for all members regardless of status or email accessibility.

If you have any questions, please email or contact the office for assistance. If you must fax your renewal forms, please contact the office for instructions.

Phone: 416-649-5885
Email: memberships@ttno.ca

PAYMENT OPTIONS

OPTION 1: CANADA POST

Choose the print version of the renewal package. Print and complete the renewal form(s) and mail them along with your payment to the TTNO office at:

*Therapeutic Touch Network of Ontario
10 Four Seasons Place
Suite 1000
Toronto, ON, M9B 6H7*

OPTION 2: EMAIL

Choose the fillable renewal package. Complete the fillable form(s) on your desktop computer. Once complete, save it. Attach the saved completed renewal form(s) to your email to the TTNO office. Then phone the TTNO office with your credit card information to complete the process. Do NOT send credit card information by email.

OPTION 3: ONLINE

Members can complete their renewal on line @ www.therapeutictouchontario.org. This option has been added for your convenience.

Thank you for your renewal. It is an honour and privilege to have you as part of this amazing network of practitioners.

A handwritten signature in black ink that reads "Ruth Brandt".

Ruth Brandt
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, ON, M9B 6H7
If you need assistance, please contact the TTNO Office @416-649-5885 or email @ memberships@ttno.ca

Renewal Year:	20 _____
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In order to conform to the Personal Information Protection and Electronic Documents Act (PIPEDA), please check all boxes that apply to 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.
- 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, in the newsletter or for the production of promotional or educational material for the advancement of Therapeutic Touch® in **any medium, electronic or print.**

Signature Required _____ **Date** _____

CONTACT INFO	Name		Category: <input type="checkbox"/> AM <input type="checkbox"/> GM <input type="checkbox"/> RP <input type="checkbox"/> RT <input type="checkbox"/> RM	
	Address			Member #:
	City	Province:	Postal Code:	
	Email			Phone:

EDUCATION	<i>Therapeutic Touch Level(s) and/or Educational Credits attended in previous year for Maintaining RP Status</i>		
	Name of Workshop or Event	Name of Teacher	Date (month/year)

Maintaining RP/RT Status	<input type="checkbox"/> I have met all the requirements for maintaining RP Status (See Maintaining RP status criteria attached)
	<input type="checkbox"/> I have met all the requirements for maintaining RT Status (See Maintaining RT status criteria attached)
Status Change	I would like to change my status to: <input type="checkbox"/> Year of Grace <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Retirement

BRANCH MEETINGS	<input type="checkbox"/> I lead a Branch Meeting	VOLUNTEER	I would be willing to participate in/at:
	Location		<input type="checkbox"/> TTNO Event/AGM
	<input type="checkbox"/> I attend Branch Meetings		<input type="checkbox"/> TTNO Committee under the Board of Directors
	Location		Area of Interest:
<input type="checkbox"/> I would like to attend Branch Meetings		<input type="checkbox"/> Therapeutic Touch Awareness Week	

REFERRAL SERVICE	I wish to receive referrals from the: <input type="checkbox"/> TTNO Referral Coordinator <input type="checkbox"/> TTNO Website
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MEMBERSHIP FEES	Due before January 31 of the Membership Year
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<input type="checkbox"/> Associate Member \$15.00 + \$1.95 = \$16.95	Pay by Mail or By Phone to Office
<input type="checkbox"/> General Member \$50.00 + \$6.50 = \$56.50	
<input type="checkbox"/> Recognized Practitioner Volunteer Practice \$50.00 + \$6.50 = \$56.50	<i>Note: Online Registration and Payments available</i>
<input type="checkbox"/> Recognized Practitioner Professional Practice \$65.00 + \$8.45 = \$73.45	<input type="checkbox"/> Cheque <input type="checkbox"/> \$ Order <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard
<input type="checkbox"/> Recognized Teacher \$75.00 + \$9.75 = \$84.75	Name on Card:
<input type="checkbox"/> Retired Member Previous Category _____ Donation: \$ _____	Card #:
<input type="checkbox"/> External Member \$50.00 + \$6.50 = \$56.50	Expiry Date: Month / Year / CVC:
<input type="checkbox"/> Newsletter Hardcopy requested \$22.12 + \$2.88= \$25.00	Signature:



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

Name:		Member #:	
SECTION A) Notes / Comments: Additional levels or educational credits (carried over from Renewal Form)			
SECTION B) TEACHING STATISTICS		YEAR	20 _____
LEVELS		# OF TIMES PRESENTED	TOTAL # of STUDENTS
Level 1			
Level 2			
Level 3			
CONTINUING EDUCATION			
TTNO Approved Workshops / Professional Development Days- Please List			

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



HOW TO MAINTAIN YOUR RECOGNIZED PRACTITIONER (RP) STATUS		<input checked="" type="checkbox"/>
1. You must be a member in good standing, meaning:	a) You have paid your annual membership fee	<input type="checkbox"/>
Each year, you must complete one of the following Education Components, which consists of a minimum of eight hours of study specific to Therapeutic Touch and includes a Practicum as well as two or more of the following Therapeutic Touch Activities. Check those that you attended in the previous year.		
2. Educational Components	<input checked="" type="checkbox"/>	3. Therapeutic Touch Activities
Repeat any of the basic levels 1, 2, or 3 taught by a Recognized Teacher	<input type="checkbox"/>	Attend one or more additional Educational Component items from left column
Attend any other TTNO-approved Therapeutic Touch workshop.	<input type="checkbox"/>	Attend an event approved by the Teacher Liaison Committee as a Therapeutic Touch Activity
Attend and/or facilitate a Professional Development Day (PDD). (NOTE: If used for maintaining Recognized Practitioner status, the same PDD cannot be used for maintaining Recognized Teacher status).	<input type="checkbox"/>	Write a submission for <i>inTouch</i> .
		Attend one day of the Annual Conference, with Practicum
		Attend a Branch meeting, at least five times a year
Attend an event approved by the Teacher Liaison Committee as an Education Component	<input type="checkbox"/>	Participate on behalf of Therapeutic Touch at a health fair.
Attend the full two-day TTNO Annual Conference with the inclusion of a Practicum session.	<input type="checkbox"/>	Present Therapeutic Touch at the TTNO Annual Conference or at a community event
Attend a Therapeutic Touch Event or workshop outside of Ontario.	<input type="checkbox"/>	Offer Therapeutic Touch on a regular basis.
Exceptional circumstances will be considered e.g. "by the hour" credit for shorter workshops, Self-Care/Professional Development workshops like Meditation, Bereavement, Palliative Care/Hospice, or reading Therapeutic Touch books and publications. Apply to TTNO Practitioner Liaison Chair.	<input type="checkbox"/>	Serve on a TTNO committee or participate in a Therapeutic Touch study or research.
		Serve as a mentor to a workbook practitioner
		Regularly supervise Workbook Practitioner case studies
		Attend a TTNO-approved Teachers Day
4. You must continue your practice of Therapeutic Touch (the items at the right are suggestions only)	<input type="checkbox"/>	Offer at least six TT sessions per month - a total of 72 sessions per calendar year.
		Receive Therapeutic Touch sessions on a regular basis.
		Regularly evaluate and improve your skills in Therapeutic Touch
		Continue a program of self-healing and personal growth
		Pursue a regular reading program of Therapeutic Touch texts and articles

HOW TO MAINTAIN YOUR RECOGNIZED TEACHER (RT) STATUS		<input checked="" type="checkbox"/>
1. You must be a member in good standing, meaning you have:	3. PROFESSIONAL DEVELOPMENT <i>Each year you may choose any one (1) of the following:</i>	<input checked="" type="checkbox"/>
a. Maintained the status of RP (above)	Attend a Teachers Day.	<input type="checkbox"/>
b. Paid your annual membership fee as RT	Serve actively on the Teacher Liaison Committee.	<input type="checkbox"/>
2. TEACHING REQUIREMENTS	Mentor a student teacher.	<input type="checkbox"/>
a. You have completed the <i>Self-Assessment: Teaching of Therapeutic Touch</i> annually	Present at a Teachers Day, a TTNO-approved event OR present a session at the Annual Conference	<input type="checkbox"/>
Have completed 1 of the following within the year	Facilitate a Professional Development Day.	<input type="checkbox"/>
Taught at least one Therapeutic Touch workshop	Attend a pre-approved workshop that enhances your teaching of Therapeutic Touch.	<input type="checkbox"/>
Reviewed a submission for the Teacher Liaison Committee	Complete a second item from the Teaching Requirement List	<input type="checkbox"/>
Audit a Therapeutic Touch Workshop (preferably a basic level) by another RT & completed audit form & reviewed it with the workshop teacher	Your notes:	<input type="checkbox"/>
Developed an approved Continuing Education Workshop		<input type="checkbox"/>

SUBMITTING THIS CHECKLIST WITH YOUR RENEWAL IS OPTIONAL