

Dear Member,

Another year has passed and it is time for you to renew your membership for 2021. 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®. As we navigate our way through a pandemic, we are making adjustments to ensure that all Recognized Practitioners and Teachers have the opportunity to maintain their RP/RT status. However, if you were unable to achieve this, please select a “Year of Grace (YOG) on your membership renewal. Hopefully you will be able to avail yourself of an 8 hour approved workshop, the PDD or conference during 2021,

We start processing renewals in November and hope to finish the renewal process by the end of January, before Therapeutic Touch Awareness Week activities begin in March. We appreciate your cooperation with this.

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 wish to fax your renewal forms, please contact the office for instructions.

Phone: 416-649-5885

Email: [memberships@ttno.ca](mailto:memberships@ttno.ca)

## **PAYMENT OPTIONS**

### OPTION 1: CANADA POST

Download and print out the “2020 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 Therapeutic Touch Network of Ontario, 10 Four Seasons Place, Suite 1000, Toronto, ON, M9B 6H7.*

### OPTION 2: EMAIL

Download the “Renewal Package” and complete it on your computer. It is a fillable form. 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 or to make other payment arrangements 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](http://www.therapeutictouchontario.org). This option has been added for your convenience.

### OPTION 4: E TRANSFER

Upon completion of your membership renewal form, you may send an e-transfer to the office to complete your payment.

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



Cindy Shaw  
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**

<b>Renewal Year:</b>	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** \_\_\_\_\_

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

<b>EDUCATION</b>	<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)

<b>Maintaining RP/RT Status</b>	<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)
<b>Status Change</b>	I would like to change my status to: <input type="checkbox"/> Year of Grace <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Retirement

<b>BRANCH MEETINGS</b>	<input type="checkbox"/> I lead a Branch Meeting	<b>VOLUNTEER</b>	<b>I would be willing to participate in/at:</b>
	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

<b>REFERRAL SERVICE</b>	I wish to receive referrals from the: <input type="checkbox"/> TTNO Referral Coordinator <input type="checkbox"/> TTNO Website
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<b>MEMBERSHIP FEES</b>	<b>Due Before January 31 of each Calendar Year</b>
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<input type="checkbox"/> Associate Member \$15.00 + \$1.95 = \$16.95	<b>Pay by Mail or Phone TTNO Office</b>
<input type="checkbox"/> General Member \$55.00 + \$7.15 = \$62.15	
<input type="checkbox"/> Recognized Practitioner \$70.00 + \$9.10 = \$79.10	<b>Note: Online Registration and Payments available</b>
<input type="checkbox"/> Recognized Teacher \$90.00 + \$11.70 = \$101.70	<input type="checkbox"/> Cheque <input type="checkbox"/> \$ Order <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard
<input type="checkbox"/> External Member \$55.00 + \$7.15 = \$62.15	Name on Card:
<input type="checkbox"/> Retired Member    Previous Category _____    Donation: \$ _____	Card #:
<input type="checkbox"/> Newsletter Hardcopy requested \$22.12 + \$2.88= \$25.00	Expiry Date: Month    /    Year    /    CVC:
	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

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

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 <input checked="" type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
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> <input type="checkbox"/>
		Attend one day of the Annual Conference, with Practicum <input type="checkbox"/>
		Attend a Branch meeting, at least five times a year <input type="checkbox"/>
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 <input type="checkbox"/>
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 <input type="checkbox"/>
Attend a Therapeutic Touch Event or workshop outside of Ontario	<input type="checkbox"/>	Offer Therapeutic Touch on a <b>regular</b> basis <input type="checkbox"/>
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 <input type="checkbox"/>
		Serve as a mentor to a workbook practitioner <input type="checkbox"/>
		Regularly supervise Workbook Practitioner case studies <input type="checkbox"/>
		Attend a TTNO-approved Teachers Day <input type="checkbox"/>
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 <input type="checkbox"/>
		Receive Therapeutic Touch sessions on a regular basis <input type="checkbox"/>
		Regularly evaluate and improve your skills in Therapeutic Touch <input type="checkbox"/>
		Continue a program of self-healing and personal growth <input type="checkbox"/>
		Pursue a regular reading program of Therapeutic Touch texts and articles <input type="checkbox"/>

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

**SUBMITTING THIS CHECKLIST WITH YOUR RENEWAL IS OPTIONAL**