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 TTNO Member,

It is time to renew your Therapeutic Touch Network of Ontario (TTNO) membership for 2027. The TTNO is grateful to have you as a valued member of our dynamic network, and we look forward to another year of activities and opportunities that grow and enrich your Therapeutic Touch® practise. To be included in the 2027 Ontario Directory of Members, be sure to check the appropriate box at the top of the renewal form. Once your renewal application and payment have been received and processed, we will send your new membership card, gold seal and receipt in the mail.

We hope you will assist the TTNO in gathering age-related demographic information to better understand who we are currently serving and how to reach new audiences using the platforms and formats best suited for our community. Providing this information is completely optional and your responses will be kept confidential.

As a member of the TTNO, you are not only contributing to the health of the organization, but also assisting the network to enhance the education, research, and support of our members. Being a member also provides opportunities for you to impact the future direction of your network and the Therapeutic Touch community.

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

Registration and Payment:

OPTION 1: ONLINE

You can click Renew my membership to access the online renewal application form. You can pay by e-Transfer, cheque, credit card or PayPal. Teacher Emeriti members can renew online by clicking on Teacher Emeritus renewal. Please have your membership card handy so you can include your member # and the correct membership category.

OPTION 2: EMAIL

If you prefer to complete the attached form(s), we recommend saving your completed document on a personal computer; not on an iPad or cell phone. Save your document with a unique name such as adding your initials or date. Options for payment are available at the bottom of the application form. Then email your completed form and payment to the TTNO office at **memberships@ttno.ca**,

OPTION 3: CANADA POST

You can print the attached form(s), complete manually and mail with payment to the TTNO office at 10 Four Seasons Place, Suite 1000, Toronto, ON M9B 4H7.

We look forward to chatting with and supporting you throughout the coming year.

Sincerely,

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.*
- ☐ *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 INFO			
Name		**Category:** 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

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

Maintaining RP/RT Status	☐ I have met all the requirements for maintaining RP Status (See Maintaining RP status criteria attached)
	☐ 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: ☐ Year of Grace ☐ Leave of Absence ☐ Retirement

BRANCH MEETINGS		**VOLUNTEER**	**I would be willing to participate in/at:**
☐ I lead a Branch Meeting		☐ TTNO Conference	
Location		☐ Therapeutic Touch Awareness Task (TTAW) Group	
☐ I attend Branch Meetings		☐ TTNO Committee under the Board of Directors	
Location		☐ Other Area of Interest	
☐ I would like to attend Branch Meetings			

REFERRAL SERVICE	I wish to receive referrals from the: ☐ TTNO Referral Coordinator ☐ TTNO Website

MEMBERSHIP CATEGORIES AND FEES **Due Before January 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	**I have enclosed a** ☐ Cheque ☐ $ Order
☐ Recognized Practitioner $80.00 + $10.40 = $90.40	**I plan to pay by** ☐ VISA ☐ Mastercard
☐ Recognized Teacher 100.00 + $13.00 = $113.00	**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 the website* *To renew online click here*
☐ Teacher Emeritus $60.00 donation **To renew TE on line Click here**	
☐ Newsletter Hardcopy requested $30.97 +$4.03 (HST) = $35.00	**If you need assistance please contact the office at 416-649-5885 or memberships@ttno.ca**
Previous Mem. Category / Donation $	

THE THERAPEUTIC TOUCH NETWORK OF ONTARIO

HOW TO MAINTAIN YOUR RECOGNIZED 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 Educational Options listed below to include a minimum of eight (8) hours of study specific to Therapeutic Touch® (TT) and Two (2) or more of the Therapeutic Touch Activities which may include attending additional Educational options. Check those that you attended in the previous year.

C. EDUCATIONAL OPTIONS		D. THERAPEUTIC TOUCH ACTIVITIES	
Basic levels 1, 2, or 3		Attend four additional Branch meetings per year where TT 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 community event (i.e., health fair, Therapeutic Touch Awareness Week event)	
Transpersonal Nature of TT Upgrade (Tune-up)			
Attend a TTNO-approved Therapeutic Touch workshop or retreat			
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., hospice, long term care, hospital)	
Attend an event approved by the Teacher Liaison Committee as an **Educational Component** (Conference Teachers Day, Attend the full TTNO Annual Conference with the inclusion of a Practicum session		Serve on a TTNO committee	
		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 the designated TTNO Reviewer(s) - must be pre-arranged with the PLC.		Serve as a mentor to a workbook practitioner	
		An additional educational component (i.e., workshop or retreat)	

E. YOU MUST CONTINUE YOUR PRACTICE OF THERAPEUTIC TOUCH (the items at the right are suggestions only)	
	Offer at least four TT sessions per month - a total of 48 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

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			

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		
Foundations of Therapeutic Touch®		
Transpersonal Nature of Therapeutic Touch®		
Application of the Inner Process of Therapeutic Touch®		
CONTINUING EDUCATION **TTNO Approved Workshops / Professional Development Days- Please List**		

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