QUANTUM-TOUCH PRACTITIONER APPLICATION

Please complete this application and send with your completed requirements to the address below.

Name:		Date:
Address:		
City:	State/Province:	Zip/Postal Code:
Country:		
Phone # (include Aı	rea Code or Country/Region Code):	
Email for QT Corre	spondence:	
Quantum-Touch we provide either a con	tact phone # or contact email or both.	ist your profile on the QT website unless you
	ess.	
Business Name(s):		
1)		
Website Domain Na	nme(s):	
1)		
,	ΓΕ, INSTRUCTOR NAME, and LOC at you have completed and <u>attach cop</u>	CATION of your THREE Quantum-Touch ies of the certificates:*
a)		
b)		
c)		

3)	Complete a minimum of 90 hours of documented Quantum-Touch sessions. **The form is located under Practitioner Forms on the Quantum-Touch Website.
*	* Note: Up to 30 hours of the 90 hours may be used on self, animals, plants and distant healing. These 30 hours are to be individually documented per session hour or per session time. Please DO NOT document these hours in a grouped sum.
	Attach completed "90 Hour Session Documentation Form."
4)	Provide at least five creative insights about Quantum-Touch.
	Attach your creative insights.
5)	Print TWO copies of the "Quantum-Touch Code of Ethics". Keep one for your records. Read, initial, sign, and return one copy (all 4 pages) with your practitioner application to the QT Home Office.
	**The form is located under Practitioner Forms on the Quantum-Touch Website.
	Attach the signed "Code of Ethics."
6)	Print TWO copies of the "Quantum-Touch Trademark and Copyright Policy". Keep one for your records. Read, sign and submit one copy (all 3 pages) with your practitioner application to the QT Home Office.
	**This policy is located under Practitioner Forms on the Quantum-Touch Website.
	Attach the signed "Trademark and Copyright Policy."
7)	Print TWO copies of the "Practitioner Agreement". Keep one for your records. Read, sign and submit one copy with your application to the QT Home Office. **This agreement is located under Practitioner Forms on the Quantum-Touch Website.
	Attach the signed "Practitioner Agreement."
8)	Create a Personal "Bio" (with optional picture) for the Website and Office Referrals. You do not need to send your bio to us. When you are certified we will post your contact information and you will have the ability to post your own bio on the website. Pictures will have to be posted and edited from the main office. If you would like to include a picture with your bio please email it to practitioner@quantumtouch.com .
9)	Pay the Practitioner Registration Fee of \$200 USD. U.S. Practitioners may provide a check, money order, or credit card information. International Practitioners may provide credit card information, or send a money order or international cheque in USD. QT accepts Visa, MasterCard and Discover. Please make checks and money orders payable to Quantum-Touch.
	Credit card #: Exp: Attach check, money order, or international cheque, if applicable.
	Anach check, money order, or international cheque, if applicable.

10) How would you like your name to appear on your certificate?		
11) What is the main reason you decided to become a Quantum-Touch Practitioner?		
12) What do you like most about Quantum-Touch?		

Attach all paperwork to this application and mail your completed practitioner requirements to:

Quantum-Touch, Inc. Attn: Practitioner Certification PO Box 791720 Paia, HI 96779 USA

Or email this application and completed practitioner requirements to:

practitioner@quantumtouch.com

Completion of the practitioner requirements does not guarantee or entitle certification to any individual. All inquiries and submissions are subject to a review and approval process by Quantum-Touch, Inc. Upon receipt of all requirements at the QT Main office, please allow 2-4 weeks for certification. Certification from QT is required prior to your advertisement for sessions as a Certified Quantum-Touch Practitioner.

You will be notified of your status as a Certified QT Practitioner via email.

For questions contact: practitioner@quantumtouch.com