



BCTTNS

Self-Evaluation Checklist For Maintaining TTRP and TTRT

Please note: Active BCTTNS membership in good standing is required to maintain TTRP and TTRT status. If BCTTNS membership is not maintained, renewals will not be accepted. A new application for TTRP and TTRT status will be required along with the current application fee.

Renewing TTRP _____ Renewing TTRT _____

Professional Development Criteria:	Yes	No	Comments
I maintain a yearly BCTTNS membership			
Attending a national or international TT conference			
TT retreats			
TT workshops			
Attending a Practice Group			
Initiating or facilitating a Practice Group			
Presenting at TT conferences, gatherings			
Performing research that focuses on TT			
Volunteering on TT activities			
Working on a TT committee			
Writing TT article(s)			
Mentoring TT students			
Reading books, articles, watching videos/DVDs			
If you are an isolated member of the TT community, reading books, articles, and journaling TT sessions, having discussions on Therapeutic Touch™ is highly recommended, and is acceptable as a means of self-development. If this is your only means of TT involvement please send a summary of your personal growth and how the new knowledge is applicable to your practice.			
Other – please explain			
I have done 16 hours or more of TT studies, as described above, in the last two years.			

****Please note, you do not have to send money, as your fees for TTRP are included in your yearly membership fees****

Applicant's Name _____
Date: _____
Signature: _____

Mail to
Chair of Education Committee

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For maintaining **BCTTNS Recognized Therapeutic Touch Teacher (TTRT)**

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Renewing TTRT _____

For TTRT's:			
I have completed for maintaining TTRT an additional 40 hours or more of TT studies, teaching, or other professional development in addition to the 16 hours every 2 years for maintaining TTRP			
I have documented the Therapeutic Touch classes I have taught in the past 4 years – please see attached.			
I have signed the BCTTTRT Code of Ethics			

Documentation of Therapeutic Touch classes taught in the past 4 years

****Please note, you do not have to send money, as your TTRT fees are included in your yearly membership fees****

Applicant's Name _____
Date: _____
Signature: _____

**Mail to
Chair of Education Committee**