

Mid-Winter Therapeutic Touch Retreat and Mentorship Program©

Plantation on Crystal River
The Home of the Manatees

February 28 – March 4, 2012

APPLICATION – Please Send Now!
Space is Limited

Early Registration Due Date: January 12, 2012
After this date, please call or email us for availability.

INSTRUCTIONS:

Fully answer all the questions below to the best of your ability. All applications will be reviewed and are subject to the approval of the Director. The decision to accept your application to this Program will be strongly influenced by this written information. Additional pages are acceptable. Please type or write legibly with dark ink.

Three Options for Application Submission: 1) Fax to 727-867-8580; 2) By email to IntegratedHCS@gmail.com; 3) Mail to “Mid-Winter TT Mentorship Program, 3945 49th Avenue South, St Petersburg, FL 33711.” For All Program information, go to IHCSonline.com and select Mid-Winter TT Mentorship Program button at top of page. If any questions, please call Integrated Health Care Systems at 727-867-2666, Voicemail 1#. All applications will be reviewed immediately and notification of acceptance in the Program sent without delay.

Section A (All Participants)

Name

Address

City/State/Zip

Phones (Home) (Work) (Cell)

E-Mail

Fax

Profession

Profession License # and State

Employer

Would You Like Continuing Education Credits?

So that we may anticipate and provide for your needs, it is important for you to indicate whether you have any psychological or physical medical conditions and whether you wish to receive Therapeutic Touch. Please describe any ongoing health conditions you have. (This in no way prejudices your application).

List previous Therapeutic Touch workshops attended. Indicate instructor(s), the length of the workshop and whether it was basic, intermediate, advanced or further level of study. Attach additional sheets if necessary. A TT focused resume may be included if desired.

Describe your professional background or lay health related activities:

List your Interests and any additional activities related to Therapeutic Touch:

List goals regarding your Therapeutic Touch practice in one year and five years from now, and how do you visualize those goals being achieved?

Do you practice other healing therapies? If so, which ones?

Section B – For Those Wishing to be Mentored -or-

Section C - For Advanced Practitioners/Teachers/Qualified TTT (Below Section B)

Section B – For Those Wishing to be Mentored

***Please evaluate your strengths and weaknesses as related to
Therapeutic Touch:***

1. What are your personal objectives in participating in the Mid-Winter TT Retreat and Mentorship Program?

2. Have you taken this Mentorship Program previously? If so, what years and where?

3. What suggestions for mentoring would be most helpful and meaningful to you at this time?

5. This time is intended to enhance your participation as a collaborative experience in TT with other advanced practitioners. If none of the above interests you, how do you suggest spending this time together?

6. If you'd like to brain storm ideas on how to make this time more meaningful for you, please call Shirley at 727-867-2666, ext 1#.

END

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