Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_QTTTA Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use the Checklist below to make sure you have provided all the required materials. Provide the materials and the completed checklist with your application form.

Identify the Level of TT Course you require accreditation for - please tick

Foundations Transpersonal Inner Processes Mentorship Teacher All

|  |  |  |
| --- | --- | --- |
| Item | Y/N | Comments |
|  |  |  |
| Letter of Recommendation from Current TTAA accredited teacher  affirming the applicant has fulfilled the Criteria outlined in 1.0 *Relationship to TTAA* |  |  |
| Has practiced TT for 3-5 years |  |  |
|  |  |  |
| Evidence of participation and leadership in TTAA and TT community |  |  |
|  |  |  |
| TT Education – provision of evidence of competency in the following |  |  |
| Foundations (Basic) |  |  |
| Transpersonal (Intermediate) |  |  |
| Mentorship |  |  |
| Inner Processes (Advanced) |  |  |
| Teaching TT |  |  |
| Teaching adults |  |  |
|  |  |  |
| Evidence of completion of each course with two different teachers |  |  |
|  |  |  |
| Certificate of Membership of TTAA |  |  |
|  |  |  |
| Professional Indemnity Insurance covering teaching Therapeutic Touch |  |  |
|  |  |  |
| Working with children check if teaching or working with children |  |  |
|  |  |  |
| Evidence of personal development and self care activities |  |  |
| Evidence of Professional development activities |  |  |
|  |  |  |