Name of Workshop: **Click or tap here to enter text.**

Developed by: **Click or tap here to enter text.**

Network: **Click or tap here to enter text.** Membership #: **Click or tap here to enter text.**

Workshop to be used for  Maintaining only  Achieving

***Purpose***

This checklist is for all continuing education workshops.

The purpose of a continuing education workshop is to expand participant knowledge, insight, and inner awareness of Therapeutic Touch® (TT)beyond the basic workshops following the principles of Therapeutic Touch as developed by Dolores Krieger, PhD, RN, and Dora Kunz.

Accommodation may have been made for a guest speaker who has been approved by the TTNO to present (i.e., annual conference). There are also special circumstances where a non-Therapeutic Touch teacher may submit a workshop for approval. They must meet all of the criteria and be mentored by a recognized teacher.

***Policy***

* The facilitator of the workshop is a Recognized Teacher with a Therapeutic Touch network and is a member in good standing.
* Under special circumstances where a non-Therapeutic Touch Recognized Teacher submits a workshop for approval, they must meet all of the criteria and be mentored by a Recognized Teacher.

***Criteria includes***

* A teaching component specific to Therapeutic Touch with content to deepen the skills and knowledge of the TT practitioner.

FOR ACHIEVING: Krieger and Kunz content included

* Balance in teaching components: lecture, inner work of participants, dialogue, reflective practice, experiential activities, and meditations
* The prerequisite must be at least Level 1 or the Foundations of Therapeutic Touch
* A teaching component with number of hours identified.
  + ACHIEVING - \*A minimum of 8 hours must be included.
* A practicum
  + MAINTAINING practicum or equivalent in-depth exercises may be permitted.

***Content***

The following material is submitted electronically to the Teacher Liaison Committee chair or their appointed representative, the Submissions Review Coordinator.

A description of the workshop

Workshop title

Length of workshop

Prerequisite(s) required

Learning objectives

Agenda

Registration form including all relevant information for participants – cost, PIPEDA, dates, workshop

description.

Feedback form (evaluation)

Certificate of completion, stating the number of educational hours

* Handouts are clear and appropriate to the topic.

* ***Day Plan*** includes time allotted as a teacher’s script for the day, this may be a detailed written outline **OR** included within the notes section of the PowerPoint.
* Experiential exercises are included and are appropriate for material being taught.
* Additional presentation aids i.e., flip charts and PowerPoint. Additional Sources and copyright

permission(s) are acknowledged, where appropriate.

**Special Consideration**

* This submission is by a Therapeutic Touchnetwork member who is not a Recognized Teacher but has been given permission to submit this proposal under the supervision/mentorship of a Recognized Teacher.
* The supervisor/teacher has submitted a letter indicating their role as supervisor/mentor.

Name of Supervisor/Mentor: **Click or tap here to enter text.**

* The guest speaker/presenter has been approved by the TTNO to offer this presentation.
* This presentation meets the requirement that it enhances the practice of Therapeutic Touch .

Name of Presenter: **Click or tap here to enter text.**

Therapeutic Touch Teacher:  Yes  No

**Recommendation**

I have reviewed this continuing education submission for  Maintaining  Achieving

I accept and approve this submission as presented.

I accept and approve this submission with the following changes.

I do not accept or approve this submission.

Required changes and comments: **Click or tap here to enter text.**

Reviewers Name: ­­­­­­­­­­­­­­­­­­­­**Click or tap here to enter text.**

Reviewers Signature: **Click or tap here to enter text.** Date:**Click or tap here to enter text.**

Please return it to the submissions coordinator.