

Dear Member

As fall signals our change of season it also signals our time for your membership renewal for 2025. The TTNO is grateful to have you as a valued member of this dynamic network and we are looking forward to yet another amazing year of activities to grow your practice of Therapeutic Touch.

The membership categories are: AM (Associate Member); GM (General Member); RP (Recognized Practitioner); RT (Recognized Teacher); EM (External Member); TE (Teacher Emeritus)

We begin processing renewals in November and hope to finish the renewal process by the end of January. To be included in the 2025 Ontario Directory of Members on the TTNO website you must check the appropriate box at the top of the renewal form.

If you have any questions, please email or phone the office for assistance. See above header for address and phone number.

### **PAYMENT OPTIONS**

#### OPTION 1: CANADA POST

Download and print out the *Renewal Package* from the website or request it from the office. Complete the renewal form(s) and mail them along with your payment to the TTNO office at:

*Therapeutic Touch Network of Ontario  
10 Four Seasons Place  
Suite 1000  
Toronto, ON, M9B 6H7*

#### OPTION 2: EMAIL PLUS CREDIT CARD PAYMENT

Download the "Renewal Package" and complete it on your computer. It is a fillable form. **Once complete, save it with a new name.** Attach the saved completed renewal form(s) to your email to the TTNO office. Phone the TTNO office to make payment arrangements. Do NOT send credit card # by email.

#### OPTION 3: EMAIL PLUS E-TRANSFER

Same as Option 2 indicating e-transfer as your selected method. Email e-transfer payment to [memberships@ttno.ca](mailto:memberships@ttno.ca).



Debra Brear  
TTNO Chair



# THE THERAPEUTIC TOUCH NETWORK OF ONTARIO

## MEMBERSHIP RENEWAL FORM

Please send completed form with your annual fee to: The TTNO, 10 Four Seasons Place, Suite 1000, Toronto, ON, M9B 6H7  
*If you need assistance, please contact the TTNO Office @416-649-5885 or email @ memberships@ttno.ca*

<b>Renewal Year:</b>	20 _____
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In order to conform to the Personal Information Protection and Electronic Documents Act (PIPEDA), please check all boxes that apply to you and sign where indicated.

I give my permission to the TTNO:

- To collect and use my personal information. This information shall be used solely for the TTNO membership records and to provide you with information about TTNO activities. It will not be released to outside parties except as required by law.
- To include my personal information in this year's **TTNO Directory of Members**.
- To send me emails regarding  TTNO business news  Upcoming events.  Newsletter only
- To use images of my person on the TTNO website or in the TTNO newsletter.

**Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>CONTACT INFO</b>	<b>Name</b>					<b>Category:</b> <b>AM</b> <b>GM</b> <b>RP</b> <b>RT</b> <b>EM</b> <b>TE</b>			
	<b>Address</b>						<b>Member #:</b>		
	<b>City</b>					<b>Province:</b>		<b>Postal Code:</b>	
	<b>Email</b>						<b>Phone:</b>		

<b>EDUCATION</b>	<b>Therapeutic Touch Level(s) and/or Educational Credits attended in previous year for Maintaining RP Status</b>		
	<b>Name of Workshop or Event</b>	<b>Name of Teacher</b>	<b>Date (month/year)</b>

<b>Maintaining RP/RT Status</b>	<input type="checkbox"/> I have met all the requirements for maintaining RP Status (See Maintaining RP status criteria attached)
	<input type="checkbox"/> I have met all the requirements for maintaining RT Status (See Maintaining RT status criteria attached)
<b>Status Change</b>	I would like to change my status to: <input type="checkbox"/> Year of Grace <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Retirement

<b>BRANCH MEETINGS</b>	I lead a Branch Meeting Location	<b>VOLUNTEER</b>	<b>I would be willing to participate in/at:</b>	
	I attend Branch Meetings Location		<input type="checkbox"/> TTNO Event/AGM	<input type="checkbox"/> TTNO Committee under the Board of Directors
	I would like to attend Branch Meetings		Area of Interest: <input type="checkbox"/> Therapeutic Touch Awareness Week	

<b>REFERRAL SERVICE</b>	I wish to receive referrals from the: <input type="checkbox"/> TTNO Referral Coordinator <input type="checkbox"/> TTNO Website
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<b>MEMBERSHIP FEES</b>	<b>Due Before January 31 of each Calendar Year</b>
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Associate Member \$20.00 + \$2.60 (HST) = \$22.60	<b>Pay by Mail or Phone TTNO Office</b>
General Member \$65.00 + \$8.45 (HST) = \$73.45	<b>Note: Online Registration and Payments available</b>
Recognized Practitioner \$80.00 + \$10.40 (HST) = \$90.40	<input type="checkbox"/> Cheque <input type="checkbox"/> \$ Order <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard
Recognized Teacher \$100.00 + \$13.00 (HST) = \$113.00	Name on Card:
External Member \$65.00 + \$8.45 (HST) = \$73.45	Card #:
Teacher Emeritus \$60.00 donation	Expiry Date: Month    / Year    / CVC:
Newsletter Hard Copy requested \$30.97 + \$4.03 (HST) = \$35.00	<input type="checkbox"/> E-Transfer: memberships@ttno.ca

Previous Category	Donation: \$ _____	Signature: _____
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## THE THERAPEUTIC TOUCH NETWORK OF ONTARIO

### HOW TO MAINTAIN YOUR RECOGNIZED PRACTITIONER (RP) STATUS

<b>A. YOU MUST BE A MEMBER IN GOOD STANDING - this means that you have paid your annual membership fee</b>	<b>B. ATTEND A MINIMUM OF FOUR (4) BRANCH MEETINGS PER YEAR WITH A THERAPEUTIC TOUCH® PRACTICUM</b>	<input type="checkbox"/>
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Each year, you must complete one or a combination of the Educational Options listed below to include a minimum of eight (8) hours of study specific to Therapeutic Touch® (TT) and Two (2) or more of the Therapeutic Touch Activities which may include attending additional Educational options. Check those that you attended in the previous year.

C. EDUCATIONAL OPTIONS	D. THERAPEUTIC TOUCH ACTIVITIES
Basic levels 1, 2, or 3	Attend four additional Branch meetings per year where TT sessions are exchanged
Foundations of upgrade (Tune-up) or Foundations of Therapeutic Touch®	Write a submission for <i>inTouch</i>
Transpersonal Nature of TT	Participate/present on behalf of a Therapeutic Touch at a community event (i.e., health fair, Therapeutic Touch Awareness Week event)
Transpersonal Nature of TT Upgrade (Tune-up)	
Attend a TTNO-approved Therapeutic Touch workshop or retreat	
Attend and/or facilitate a Professional Development Day(PDD). (Note to Teachers: If used for maintaining RP status, the same PDD cannot be used for maintaining Recognized Teacher (RT) status)	Offer Therapeutic Touch on a regular basis (i.e., hospice, long term care, hospital)
Attend an event approved by the Teacher Liaison Committee as an <b>Educational Component</b> (Conference Teachers Day, Attend the full TTNO Annual Conference with the inclusion of a Practicum session)	Serve on a TTNO committee
Attend a Therapeutic Touch Event or workshop outside the province of Ontario	Participate in a Therapeutic Touch study or research
Attend a Therapeutic Touch Event or workshop outside the province of Ontario	Regularly supervise Workbook Practitioner case studies (3-5 sessions/year)
Review an approved TTNO-TT resource and submit a review to the designated TTNO Reviewer(s) - <u>must be</u> pre-arranged with the PLC.	Regularly supervise Workbook Practitioner case studies (3-5 sessions/year)
	Serve as a mentor to a workbook practitioner
	An additional educational component (i.e., workshop or retreat)
<b>E. YOU MUST CONTINUE YOUR PRACTICE OF THERAPEUTIC TOUCH (the items at the right are suggestions only)</b>	Offer at least four TT sessions per month - a total of 48 sessions per calendar year
	Receive Therapeutic Touch sessions on a regular basis
	Regularly evaluate and improve your skills in Therapeutic Touch
	Continue a program of self-healing and personal growth
	Pursue a regular reading program of Therapeutic Touch texts and articles

### HOW TO MAINTAIN YOUR RECOGNIZED TEACHER (RT) STATUS

<b>1. YOU MUST BE A MEMBER IN GOOD STANDING, MEANING YOU HAVE</b>	<b>3. PROFESSIONAL DEVELOPMENT - Each year you may choose any one (1) of the following:</b>
a. Maintained the status of RP (above)	Attend a Teachers Day
b. Paid your annual membership fee as RT	Serve actively on the Teacher Liaison Committee
<b>2. TEACHING REQUIREMENTS</b>	Mentor a student teacher.
a. You have completed the <i>Self-Assessment: Teaching of Therapeutic Touch</i> annually	Present at a Teachers Day, a TTNO-approved event OR present a session at the Annual Conference
b. Have completed 1 of the following within the year:	Facilitate a Professional Development Day
Taught at least one Therapeutic Touch workshop	Attend a pre-approved workshop that enhances your teaching of Therapeutic Touch
Reviewed a submission for the Teacher Liaison Committee	Complete a second item from the Teaching Requirement List
Audit a Therapeutic Touch Workshop (preferably a basic level) by another RT & completed audit form & reviewed it with the workshop teacher	Enter comments here:
Developed an approved Continuing Education Workshop	



# THE THERAPEUTIC TOUCH NETWORK OF ONTARIO

## MEMBERSHIP RENEWAL FORM

Complete appropriate sections as required by your membership category  
 Section A: All Categories if applicable  
 Section B: all Teachers

<b>Name:</b>		<b>Member #:</b>
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<b>SECTION A) Notes / Comments:</b> Additional levels or educational credits (carried over from Renewal Form)

SECTION B) TEACHING STATISTICS	YEAR	20_____
LEVELS	# OF TIMES PRESENTED	TOTAL # of STUDENTS
Level 1		
Level 2		
Level 3		
Foundations of Therapeutic Touch®		
Transpersonal Nature of Therapeutic Touch®		
Application of the Inner Process of Therapeutic Touch®		
<b>CONTINUING EDUCATION</b>		
<b>TTNO Approved Workshops / Professional Development Days- Please List</b>		

NOTE: Teachers must submit this form with Section B completed to the office along with their Renewal Form.