



## CERTIFICATION APPLICATION

**Applicant Information** (Please print)

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date and location of HTA Level 4 completion: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, please explain: \_\_\_\_\_

**Applicant's Statement of Personal Responsibility** (Please initial beside each true statement below)

- \_\_\_ I can successfully demonstrate and use all Healing Touch for Animals® techniques taught from HTA Levels 1 through 4.
- \_\_\_ The case study represents my level of understanding and competency and is an example of my Healing Touch for Animals® knowledge.
- \_\_\_ I have read and understand the Healing Touch for Animals® Code of Ethics, Standards of Practice and Practitioner Policy and can attest my practice adheres to such standards.
- \_\_\_ I understand that Healing Touch for Animals® reserves the right to revoke my "Certified" status if it is proven that Practitioner has violated the Healing Touch for Animals® Code of Ethics, Standards of Practice and/or Practitioner Policy.
- \_\_\_ I take full responsibility in maintaining my appropriate credentials to maintain my "Certified" status.
- \_\_\_ I agree that the above information is accurate and true.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Original application for Healing Touch for Animals® Certification must be sent in **triplicate** to:

**Healing Touch for Animals®**  
**P.O. Box 632171**  
**Highlands Ranch, CO 80163-2171**

HTA Office: 303-470-6572  
Email: [Certification@HealingTouchforAnimals.com](mailto:Certification@HealingTouchforAnimals.com)

**For HTA Office Use Only:**

Date complete Certification Packet was received: \_\_\_\_\_ Received by: \_\_\_\_\_

Packet reviewers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_