



CERTIFICATION RENEWAL APPLICATION

Applicant Information (Please print)

Submission Date: _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ Email Address: _____

Expiration Date of HTACP: _____

Have you been convicted of a felony in the past 5 years? 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® / Komitor Healing Method, Inc. techniques taught from HTA Levels 1 through 4.

___ 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 **duplicate** to:

Healing Touch for Animals®
Attn: Certification Renewal Team
P.O. Box 632171
Highlands Ranch, CO 80163-2171
Phone: 303-470-6572
Email: certification@healingtouchforanimals.com

For HTA Office Use Only:

Certification Renewal Packet receive date: _____ Received by: _____

Initial content review by: _____

Reviewing Board Members: _____