



# Healing Touch for Animals® Certification Applicant Checklist and Reviewer Form

Applicant Name: Click or tap here to enter text.

- Pre-Approved for Final Review. *(For Office Use Only)*
- Certification Approval. *(For Office Use Only)*
- Certification Pending. *(For Office Use Only)*

## **Session Submission Requirements**

A total of fifty (50) sessions must be submitted.

### **General Session Forms Criteria:**

- Submitted on an official Healing Touch for Animals® Session Forms.
- Legible if handwritten and/or computer generated.
- Numbered in the upper right-hand corner matching this Certification Applicant Checklist and Review Form.
- Submitted in chronological date order under each of the 4 sections.
- Detailed with clear and understandable session comments and results.
- Demonstrate growth and development as later sessions show advancement as an HTA Practitioner.
- Demonstrate the applicant's ability to evaluate the energy system in the Assessment Findings section (before and after sessions).
- Clearly document the applicant's energetic perspective/intuition.
- Clearly document the applicant's energetic understanding of how the energy is flowing throughout the body.
- Clearly document a session plan derived from the Assessment Findings in the Reason for Session section.
- Include descriptive words (energetic vocabulary) throughout the applicant's documentation.
- Exhibit how the animal energetically changed from when the session started and ended.
- Provide evidence of technique prerequisites. (i.e.: Bridging™ applied before Trauma Release™).
- Clearly document the session time. The session time does not include client in-take or post session communication and documentation. Sessions average 45 minutes.
- Have the client's signature or "verbal consent on file" on the Client Signature Accepting Waiver line. This requirement applies to both hands on and distance sessions.
- Clearly document in the "Previous Conditions" or "Reason for Session" section if the animal has been seen and/or diagnosed by a veterinarian.
- Clearly document the applicant considered the "Follow-up session date" and "Discussion with Veterinarian" section.
- Clearly indicate when there is no need to use a section of the session form with "N/A".
- Do not include other modalities in conjunction with HTA techniques.
- Each technique taught in the Healing Touch for Animals® program, Levels 1-4, are represented in the submitted sessions at least once.

Certification Applicant Checklist and Reviewer Form

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Page 1 of 16

## **Session Submission Requirements**

1. No more than three (3) sessions on one (1) animal are accepted.
2. At least three (3) sessions must be submitted for each of the following species: Canine, Equine and Feline.
3. No more than five (5) sessions on a human using only Healing Touch for Animals® techniques are accepted.
4. Of the fifty (50) total sessions, no more than ten (10) sessions can be in tandem with another HTA Practitioner.
5. The techniques applied during tandem session(s) were at the same level as the least experienced HTA Practitioner.
6. Sessions must be categorized by classification.
7. Each classification was represented at least twice with the exception of Competition which is an optional category.
8. Sessions must be labeled to convey the following classifications:
  - a. Injury
  - b. Acute / Chronic Illness (curable or treatable)
  - c. Disease (manageable)
  - d. Behavior
  - e. Competition
  - f. Wellness
9. Use the list below to ensure each technique taught in the Healing Touch for Animals® program, Levels 1-4, are represented in the submitted sessions at least once.

- |   |  |
|---|--|
| <input type="checkbox"/> Bridging™                        | <input type="checkbox"/> Hara – Chakra–Hara Anchor™      |
| <input type="checkbox"/> Bridging with Behavioral Change™ | <input type="checkbox"/> Hara – Hara Repair and Balance™ |
| <input type="checkbox"/> Chakra Balance for Animals™      | <input type="checkbox"/> Laser                           |
| <input type="checkbox"/> Chi Balance™                     | <input type="checkbox"/> Magnetic Clearing for Animals™  |
| <input type="checkbox"/> Double Hand Boost                | <input type="checkbox"/> Trauma Release™                 |
| <input type="checkbox"/> Energy Frequency Balance™        | <input type="checkbox"/> Ultrasound                      |
| <input type="checkbox"/> Etheric Heartbeat™               | <input type="checkbox"/> Vertebral Release & Repair™     |
| <input type="checkbox"/> Grounding & Focus™               | <input type="checkbox"/> Vibrational Grooming™           |

10. Use the list below to ensure each tuning fork technique is represented in the submitted sessions at least once.

- |  |   |
|--|---|
| <input type="checkbox"/> Energy Field Clearing™ (Pair 5) | <input type="checkbox"/> Space Clearing™                          |
| <input type="checkbox"/> Sound Therapy Balance™ (OM)     | <input type="checkbox"/> Vibrational Therapy Chakra Balance™ (OM) |

11. Use the list below to ensure each essential oil application is represented in the submitted sessions at least once.

- Essential Oil Thumbprint™
- Thumbprint Balance™
- Vibrational Grooming™ with Essential Oils

## 27 Canine, Equine and / or Feline Sessions

#	Date	Species	Animal Name	Level	Injury	Illness	Disease	Behavior	Competition	Wellness
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<b>1</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>2</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>3</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>4</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>5</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>6</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>7</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>8</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>9</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>10</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

11					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										
12					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										
13					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										
14					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										
15					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										
16					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										
17					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										
18					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										
19					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										
20					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										
21					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										
22					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

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23					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

24					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

25					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

26					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

27					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

## 10 Distance Sessions

### Requirements

1. In each of the ten (10) distance sessions, results must be documented.
2. In each of the ten (10) distance sessions, caregiver observations must be documented during and after the session.

#	Date	Species	Animal Name	Level	Injury	Illness	Disease	Behavior	Competition	Wellness
---	------	---------	-------------	-------	--------	---------	---------	----------	-------------	----------

<b>1</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>2</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>3</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>4</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>5</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>6</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>7</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>8</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>9</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

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<b>10</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

### 3 Different Animal Sessions

#### Requirements

1. Three (3) sessions on three (3) different animal species, other than a dog, cat or horse must be submitted.
2. If the animal is domesticated, the session is hands on, distance sessions are accepted only if the animal is not domesticated (an animal you cannot touch).
3. Human sessions are not considered a “different species”, donkey sessions are not considered a “different species” as they are equine-like.

#	Date	Species	Animal Name	Level	Injury	Illness	Disease	Behavior	Competition	Wellness
---	------	---------	-------------	-------	--------	---------	---------	----------	-------------	----------

<b>1</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>2</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>3</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										



## 10 Tuning Fork and/or Essential Oil Sessions

### Requirements

Essential Oil sessions indicate the following:

1. Which oil(s) were applied.
2. Which application(s) were used.
3. When they were applied.
4. Why they were applied.
5. Where they were applied.

#	Date	Species	Animal Name	Level	Injury	Illness	Disease	Behavior	Competition	Wellness
---	------	---------	-------------	-------	--------	---------	---------	----------	-------------	----------

<b>1</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>2</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>3</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>4</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>5</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>6</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>7</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>8</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>9</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

<b>10</b>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reviewer Notes:</b>										

**For Reviewers Only:**

**Strengths:**

**Opportunities:**

**Additional Requirements (if necessary):**

## CASE STUDY

### Requirements

1.  The case study is on only one (1) animal.
2.  Only three (3) sessions with the one (1) animal was included.
3.  The timeframe between each session represented was no more than two weeks.
4.  The case study conveyed a variety of HTA techniques and concepts.
5.  All documentation was conveyed using HTA techniques only.
6.  The case study sessions occurred after the Level 4 course.
7.  Descriptive words (energetic vocabulary) were found throughout the documentation.
8.  Sessions presented in the case study was separate from the fifty (50) Session requirement.
9.  The case study states the reason for the sessions.
10.  The case study clearly documents if the animal was seen and/or diagnosed by a veterinarian.
11.  The case study includes the dates of the three (3) sessions.
12.  Of the three (3) sessions presented within the case study, at least one (1) was hands-on.
13.  Each of the three (3) sessions in the case study were identified separately.
14.  Each of the three (3) sessions in the case study included a summary with the following information:
  - a)  Assessment findings (before and after each session).
  - b)  A session plan derived from the assessment findings.
  - c)  The HTA techniques and the reasons for the applicant's choices.
  - d)  Results/response of the sessions to include the following:
    - i.  The applicant's observations.
    - ii.  The care person's observations (optional).
15.  A brief summary describing what happened during the three (3) sessions and how they relate to each other.
16.  A conclusion and/or recommendation for further HTA sessions.
17.  An explanation of the case study experience included the following:
  - a)  Observations and/or emotional responses about the animal.
  - b)  The applicant's appropriate respect and handling of the animal during the HTA sessions, i.e., no discrimination, no judgment made, etc.
  - c)  The applicant's observation of the animals' care person and how his/her support impacts the animal.
  - d)  The three (3) session forms for reference was submitted.

### **Reviewer Notes:**

**\* FOR OFFICE USE ONLY \***

**Certification Eligibility**

- The applicant has successfully completed HTA Levels 1-4 in their entirety.
- The applicant's packet has been received by the HTA office within twelve (12) months of their completed HTA Level 4 course.
- The applicant's packet has been received within twelve (12) months of their repeated Level 4 course. (Applicable for Certification Extensions only)
- The applicant is considered "Eligible for Certification".

**Certification Application**

- A completed, signed Certification Application Form has been received.

**Material Requirement Checklist**

- A completed, signed Material Requirement Checklist has been received.

**Healing Touch for Animals® Certification Applicant Checklist and Reviewer Form**

- A completed Healing Touch for Animals® Certification Applicant Checklist and Reviewer Form has been received.

**Application Fee**

- The certification fee of \$260.00 has been received and successfully processed.

**HTA Certificates of Attendance**

- The applicant has submitted HTA certificates of attendance for each full course level signed by the Healing Touch for Animals® Instructor.
- Levels 1-4
- Level 4 (Repeat) [applicable for Certification Extensions only]

**Professional Resume**

- The submitted resume is one to two pages (maximum).
- The resume is prepared in a format consistent with professional resumes.
- All sections listed in the resume are in reverse chronological order (most current first).
- Uncommon acronyms are specified with name and explanation.

Personal and/or professional accomplishments within the most recent five (5) years that have impacted the applicant's ability to work as a Healing Touch for Animals® Certified Practitioner are listed.

An Objective Statement stating the applicant's intent or goal as a Healing Touch for Animals® Certified Practitioner is included.

### **Experiential Narrative**

One (1) of the fifty (50) sessions (other than ones submitted in the case study) was described in an experiential heart-felt story.

The narrative referenced the form number the Certification Session Checklist.

The experiential narrative included an impact statement that explained how the experience impacted the applicant and the animal.

### **Reading and Media Reviews**

Book/media materials not listed on the HTA website were related to animal healthcare or animal training.

All reviews were non-fictional books/media.

Of the ten (10) required reviews, only two (2) were tapes, CD's, videos or DVD's.

Media reviews were from one volume in a set (when applicable).

No more than one (1) review was submitted per author.

No more than two (2) reviews were submitted per category.

A clear statement how the applicant will apply this information to their practice.

A clear statement if the applicant would recommend or not recommend this book/media to clients.

### **Networking**

A brief statement of the applicant's networking experience was provided.

Both networking contacts were animal related **or** included a description explaining how the networking contact is connected to the applicant's animal practice.

## **Letter of Recommendation**

- Two (2) letters of recommendation have been received.
- Each letter of recommendation indicated the applicant's professionalism and competence level.
- The letter of recommendations was from someone other than a family member.
- The letter of recommendations was animal related or included a description explaining how the recommending party was connected to the applicant's animal practice.
- Both letters of recommendation were signed **or** an email copy was provided from the person recommending the applicant.

## **Healing Touch Certificate of Attendance**

- A copy of completion (certificate of attendance) of a Healing Touch Level 1 class (for Humans) totaling a minimum of 16 contact hours has been received.

### **The class was through the following organizations:**

- Healing Touch Program™ (HTP)
- Healing Touch International (HTI)
- Healing Touch Spiritual Ministries (HTSM) - Using Your Hands To Heal (103)
- Institute of Spiritual Healing and Aromatherapy (ISHA)

## **Other Modality Presentations Related to Animals**

- The applicant has attended two (2) different classes related to animals.
- Each class was at least three (3) contact hours.
- Only one (1) level was accepted from a class series and/or program.

### **Only one (1) human related class was be accepted by the following organization(s):**

- Inner Sound
- The Institute of Spiritual Healing and Aromatherapy (ISHA) #301
- The Institute of Spiritual Healing and Aromatherapy (ISHA) #302
- The Institute of Spiritual Healing and Aromatherapy (ISHA) #303

- Only one (1) class was a webinar

### **The webinar was:**

- Animal related

- A minimum of three (3) hours in total length

### **Other Modality Submission Requirements**

- A copy of completion (certificate of attendance) of two (2) different classes has been received.

#### **Webinar submissions included the following:**

- A receipt of registration or copy of completion (certificate of attendance)
- An outline to include the topic of each session
- A reflective statement/summary for each experience has been received.

#### **Class reflective statements/summaries included:**

- Class selected
- Presenter's name, address, credentials or skill (a business card is acceptable)
- Date(s) the applicant experienced the class(s)
- Length of each class
- A brief explanation of the class experience
- A general reflection of the overall value
- A statement as to whether the applicant would refer the presentation to clients or colleagues

#### **Webinar reflective statement/summary included the following:**

- Webinar selected
- Presenter's name, address, credentials or skill (a business card is acceptable).
- Date(s) and the length of time of each session within the webinar
- A summary of the webinar
- A summary of each topic within the webinar (if applicable).
- A brief explanation of the webinar experience
- A general reflection of the overall value
- A statement as to whether the applicant would refer the presentation to clients or colleagues

### **Statement of Intent**

- A Statement of Intent has been received.

#### **This statement included how the applicant intends on relating to the following:**

- The applicant's community
- Animals
- People
- Animal healthcare providers
- The applicant's HTA practice

### **Mentorship Teleconference Participation**

The applicant participated in a minimum of one (1) Certification Mentorship Teleconference.

**A summary statement included the following:**

Date of the teleconference

An explanation of how the teleconference clarified the certification requirements

The applicant's experience during the meditation