

Instructor Information for Re-Certification/Registration

Instructors – please fill out these two pages below and submit to touchforhealth.us, and CC to: greentfh@mindspring.com and matthewthie@gmail.com with Instructor Re-certification Form in the subject header. Print/Scan back this form or ask to be sent it as a Word doc to fill out.

Name _____

Address _____

Phone (hm) _____

Email _____

City _____

Phone (cell) _____

St _____

Zip Code _____

Paid member or Life Member of TFHKA? Yes No (circle one)

Current Instructor Contract signed and on file with faculty/office? Yes/No

Have submitted a Resume to the TFHKA office in last 3 years? Yes / No

Date of Instructor Training Workshop(s) (month/year)

_____ Instructor: _____

_____ Instructor: _____

Date of Proficiency Skills Update (post Instructor's class)

_____ Instructor: _____ Location: _____

_____ Instructor: _____ Location: _____

_____ Instructor: _____ Location: _____

Any other Update Approved classes you've taken in the past three years (i.e. Metaphors, Emotional Repatterning, Proficiency DVD home study, etc.)?

Class: _____ Faculty: _____

In the past 3 years – please list TFHKA Annual conferences that you have attended:

Year _____ Location _____

Year _____ Location _____

Year _____ Location _____

Talks given at Conferences: Title _____ #hours _____

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How many students have you taught TFH 1 – 4 to in the last 3 years?

(List below)

Class (TFH 1) Date: _____ # of students registered _____

Class _____ Date: _____ # of students registered _____

Class _____ Date: _____ # of students registered _____

Class _____ Date: _____ # of students registered _____

Class _____ Date: _____ # of students registered _____

Class _____ Date _____ # of students registered _____

Class _____ Date _____ # of students registered _____ (over for more)