



**Name of Idea being Submitted**

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**Class**    **Book**    **DVD**    **Software**    **Webinar**

**Submitted by**

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**Approval being sought**

<input type="checkbox"/> TFH Synthesis	<input type="checkbox"/> NCBTMB CE	<input type="checkbox"/> Policies & Procedures
<input type="checkbox"/> Instructor Teachable	<input type="checkbox"/> Nursing CE	<input type="checkbox"/> Personal
<input type="checkbox"/> Instructor Update	<input type="checkbox"/> Acupuncture CE	<input type="checkbox"/> Other...

**Current Status**

**New**    **Under Review**    **Approved**    **Declined**

**Submittal Date**

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**Touch for Health Kinesiology Association**  
**4917 Waters Edge Drive, Suite 125**  
**Raleigh, NC 27606**

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**Touch for Health Kinesiology Association  
4917 Waters Edge Drive, Suite 125  
Raleigh, NC 27606**

8/8/2013



**Level of Certification Being Sought**

- TFH Synthesis       NCBTMB CE       Policies & Procedures
- Instructor Teachable     Nursing CE       Personal
- Instructor Update       Acupuncture CE     Other...

**Benefits of idea**

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**Legal**

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**Follows TFH Educational Model?**  Yes  No |

**Self-responsibility Model?**  Yes  No |

**Original Work?**  Yes  No |

**Derivative of...**

**Derivative Work?**  Yes  No |

**Are you the Owner?**  Yes  No |

**Derivative Permission?**

**Copyrighted?**  Yes  No |

Yes  No |

**Registered?**  Yes  No |

**TFH Synthesis Used?**  Yes  No |

If Yes...

**Mat Thie Approved?**  Yes  No |

**IKC Approved?**  Yes  No |

**Devorss Approved?**  Yes  No |

**TFHKA Permitted to Advertise?**  Yes  No |

**Format**

**Format** \_\_\_\_\_

**Format Hours** \_\_\_\_\_ **Fee** \_\_\_\_\_

**Prerequisites**

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**Minimum # students** \_\_\_\_\_ **Maximum # students** \_\_\_\_\_

**Do you issue Certificates?**  Yes  No

**Do you issue Evaluations?**  Yes  No

**Handouts / Books**  Yes  No

**Extra Fee?**  Yes  No \_\_\_\_\_

**Handouts Fee:**

**Percentage Devoted to:**

**Lecture** \_\_\_\_\_

**Demonstration** \_\_\_\_\_

**Practice** \_\_\_\_\_

**Theory** \_\_\_\_\_

**Student Feedback** \_\_\_\_\_

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**Total**

**Instructor Program for Teaching?**

**Can Instructors Teach?**  Yes  No

**Instructors Class?**  Yes  No

**Instructors Workbook?**  Yes  No

**Instructors Workshop Hours** \_\_\_\_\_

**TFH Content Used?**  Yes  No

**Describe TFH Content Used**

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**History**

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**Taught/Sold Since Date:** \_\_\_\_\_

**Quantity:** \_\_\_\_\_

**Approved for CEs?:**  Yes  No |

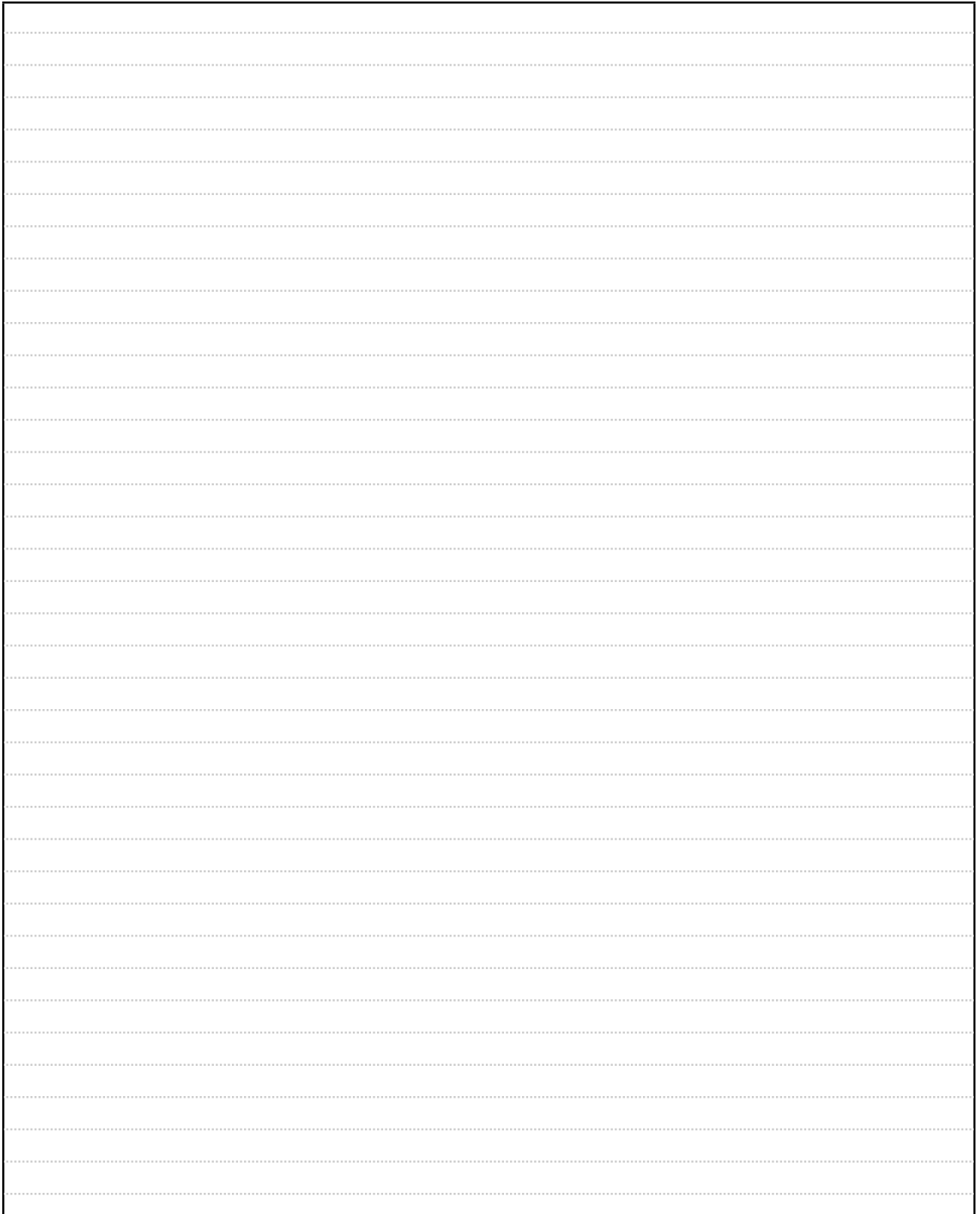
**CEs Approved by:** \_\_\_\_\_

**CEs Date Approved:** \_\_\_\_\_

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**Syllabus**

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**Outline**

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A large rectangular area with a solid black border and horizontal dotted lines, intended for writing an outline.

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A large rectangular area with a solid border and horizontal dotted lines, intended for writing or drawing.

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A large rectangular area with a solid black border and horizontal dotted lines, resembling a writing template or a redacted section. The dotted lines are evenly spaced and run horizontally across the entire width of the rectangle.

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I, the undersigned, hereby declare that the information I have presented here within is accurate and truthful to the best of my knowledge.

**Submitted by:**

**Print Name:** \_\_\_\_\_

**Sign Name:** \_\_\_\_\_

**Submitted Date:** \_\_\_\_\_

**Approvals** \_\_\_\_\_

Faculty 1	<input type="radio"/> Yes <input type="radio"/> No	Chair, Education Committee	<input type="radio"/> Yes <input type="radio"/> No
Faculty 1 Name	_____	Chair Name	_____
Approval Date	_____	Approval Date	_____
Faculty 2	<input type="radio"/> Yes <input type="radio"/> No	Vice Chairman	<input type="radio"/> Yes <input type="radio"/> No
Faculty 2 Name	_____	Vice Chairman Name	_____
Approval Date	_____	Approval Date	_____
Faculty 3	<input type="radio"/> Yes <input type="radio"/> No	Review Chair	<input type="radio"/> Yes <input type="radio"/> No
Faculty 3 Name	_____	Review Name	_____
Approval Date	_____	Approval Date	_____

TFHKA Education Committee  Yes  No

Approval Date \_\_\_\_\_

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**Approvals continued**

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TFHKA Board of Directors  Yes  No

TFHKA President \_\_\_\_\_

Approval Date \_\_\_\_\_

IKC  Yes  No

IKC President \_\_\_\_\_

Approval Date \_\_\_\_\_

Matthew Thie\*  Yes  No

Approval Date \_\_\_\_\_

\* Approval required when the Touch for Health name or content is used.

Devorss Publishing\*\*  Yes  No

DeVorss Representative \_\_\_\_\_

Approval Date \_\_\_\_\_

\*\* Approval required when images or content used from TFH books/charts

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**Status** For office use Only

**Status**

New  Under Review  Approved  Declined

**Received Date**

**Proposal Received**  Yes  No

\_\_\_\_\_

**Workbook Received**  Yes  No

**Syllabus Received**  Yes  No

**Outline Received**  Yes  No

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**Overview**

Large empty area with horizontal dotted lines for notes.