

QUANTUM-TOUCH® Level 1 Trainer Application Form

Trainer Candidate completes, signs and sends this application along with completed requirements & fee to QTHQ

Name: _____ Date: _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone # (include Area Code or Country/Region Code): _____

Email for your Quantum-Touch business: _____

DATE of Certified Practitioner Status: _____
(attach copy of the certificate)

DATE of Certified Instructor Status: _____
(attach copy of the certificate)

Write the DATE, INSTRUCTOR NAME, & LOCATION of the Quantum-Touch Level 1 classes completed for Instructor Status. *(attach copy of each certificate)*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Write the DATE, INSTRUCTOR NAME, and LOCATION of the Quantum-Touch Level 2 or Self-Created Health Workshop(s) that you have completed. *(attach copy of each certificate)*

1. _____
2. _____
3. _____
4. _____

Write the Number of QTL1 classes you have taught and the Number of QTL1 students whom you have taught. If you do not know the exact number of classes or students, please provide an estimate.

Number of QTL1 classes taught: _____ Number of QTL1 students taught: _____

Please answer the following questions using additional pages:

Why do you want to become a Quantum-Touch Instructor Trainer?

What do you think you can bring to the Quantum-Touch Instructor Trainer Program?

Payment: This form must be accompanied by a \$200 non-refundable TRAINER application fee paid to Quantum-Touch Headquarters. Please enter your payment method below:

Credit Card # _____ Card Expiration date _____
 Security digits on back of card _____ Name on front of card _____

 Your signature

 Date signed

For QTHQ office use only:

<input type="checkbox"/>	Trainer Candidate paid \$200 application fee	_____	date paid
<input type="checkbox"/>	Trainer Candidate paid \$750 Trainer training fee	_____	date paid
<input type="checkbox"/>	Trainer Candidate paid \$300 Trainer certification fee	_____	date paid
<input type="checkbox"/>	Trainer Candidate approved? YES NO	_____	date