

L2 | Level 2 Instructor Application Form

Name:		Date:	
Address:		City:	
State/Province:	Zip/Postal Co	ode: Country:	
Phone # (include Area Code	or Country/Region Code	e):	
Email for QT Business:			
Business Name(s):	1)		
	2)		
Website Domain Name(s):			
	2)		
DATE of your QT Level 1 Ins Please attach a copy of the co			
LIST TEN of the most recent Please include the date, local	-		
1			
3			
4			
6			
7			
9			
10			
FOR QT HQ OFFICE USE (ONLY		
QTL2 interview fee paid (\$30	•	Candidate not approved to teach Leve	
QTL2 mentor fee paid (\$2,00		Candidate approved to teach Level 2	DATE:
QTL2 mentor chosen: DATE QTL2 mentoring began		QTL2 Instructor Agreement signed	DATE:

L2 | Level 2 Instructor Application (Cont.)

ARD PAYMENT OF INTERVIEW FEE card: Mastercard ber: Expiration date of card:
card:
ARD PAYMENT OF INTERVIEW FEE
50 documented session hours on yourself)
IST 5 INSIGHTS or HEALINGS YOU HAD DURING YOUR SELF-HEALING PRACTICES USING QTI