

# T2 | Level 2 Instructor Trainer

## Application Form

CANDIDATE COMPLETES THIS FORM AND SENDS IT ALONG WITH THE APPLICATION FEE AND ALL ACCOMPANYING DOCUMENTS TO QUANTUM-TOUCH HEADQUARTERS.

Name

Address

City

State/Province

Country

Zip/Postal Code

Phone (include country code / area code)

Email for your Quantum-Touch business

Level 2 Trainer you have chosen

**CERTIFICATIONS**

(PLEASE ATTACH A COPY OF YOUR CERTIFICATES IF YOU HAVE THEM)

**LEVEL 1 INSTRUCTOR - DATE CERTIFIED**

**LEVEL 1 INSTRUCTOR TRAINER - DATE APPROVED**

**LEVEL 2 INSTRUCTOR - DATE CERTIFIED**

**DO YOU TEACH OTHER QUANTUM-TOUCH WORKSHOPS? Please list.**

How many QTL1 classes you have taught in the past two years?

How many QTL2 classes you have taught in the past two years?

In total, how many Level 2 students have you taught?      How many classes in total?

How many Level 1 Instructors have you trained? (names and dates)

1)

2)

3)

4)

Why do you want to be a L2 Trainer? Anything to add?

Your signature:

Date signed: