

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 _____ **City** _____ **St** _____ **Zip Code** _____
Phone (hm) _____ **Phone (cell)** _____
Email _____

Paid member or Life Member of TFHKA? Yes No (circle one)
Current Instructor Contract signed and on file with faculty or 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: _____

1stst Instructor Update/ Proficiency Skills Update (post Instructor's class) and others

Date _____ **Instructor:** _____ **Location:** _____
Date _____ **Instructor:** _____ **Location:** _____
Date _____ **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: _____ Date: _____

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 _____
 Talks given at Conferences: Title _____ #hours _____

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)