

Touch for Health Kinesiology Association Class Roster

Instructor _____ I.D.# _____
Address _____
City _____ State _____ Zip _____
Daytime Phone # () _____ - _____
Email _____



Print Certificates <input type="checkbox"/>	Register Only <input type="checkbox"/>
TFH I <input type="checkbox"/>	TFH II <input type="checkbox"/>
TFH III <input type="checkbox"/>	TFH IV <input type="checkbox"/>
TFH I-IV Synthesis <input type="checkbox"/> Other _____	
Completion Date _____ - _____ - _____	
Number of Hours (8-20) _____	

Students Name	Address	City	State	Zip	Phone #	NCBTMB, RN NCCAOM #	Email Address
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

TFHKA is an approved provider for NCBTMB #050467-00, Nursing CEP #13015 and NCCAOM # 947.

Instructors Please Note: Submit your class roster online at www.touchforhealth.us, under the Members section. Submitting rosters to TFHKA you will pay \$4.50/student and CE certificates for NCBTMB and Acupuncture are \$5.00 each and must be paid for upon roster submission. Visa or Master Card, are accepted. Once you have submitted to TFHKA then go to www.ikcfaculty.us and pay for your certificate codes. Then claim your certificate on the www.ikc-info.org Your class date and roster must be entered in the IKC website (under Class Link) in advance before downloading your IKC certificates for your students.