TOUCH FOR HEALTH
KINESIOLOGY ASSOCIATION

TFHKA/ IKC CONSULTANT CERTIFICATION APPLICATION 2021

The TFH School of the IKC has implemented a new designation of **TFH Instructor/CONSULTANT** for those who want recognition of their preparation as practitioners in the model and skills of Touch for Health, specifically. This model has been successful in several other countries as an initial stage for Professional Kinesiologists.

The US IKC Faculty, the TFHK Association, and the TFH Instructor/Consultants are cooperating to implement this structure in the USA. As it is usually an eclectic process of fulfilling the requirements with the support of a variety of Instructors/Trainers/Resources, this application form will help collect and confirm the fulfillment of the Consultant program.

There is a $100 application/registration fee which includes
• Review of applications by Faculty and any needed consultation/remediation
• Posting new *Consultants* on the TFHKA and IKC websites. (Subject to the corresponding annual TFHKA membership fee as an Instructor/Consultant)
• IKC TFH Consultant Certificate and Three-year IKC Consultant Registration fee (which is in addition to 3-year IKC Instructor Registration)

TFH Instructor/CONSULTANT program outline:
• TFH Synthesis, including Proficiency (75 hrs) (Including *Workbook*) and the TFH Training Workshop (additional 60 hrs.)
• Repeat TFH 1-4 (60 hrs.) in a mentoring/***advanced practice*** model.
• 50 individual session case studies (at least 4 with same person; *not all* same person.) (normally at least 20 case studies are gathered in the first 75 hours, so this implies an additional 30 case studies, including **observed practice** and a **final Assessment**.
• 8-30 hrs. Practice management including Record Keeping Skills/ Hygiene and Communicable Disease prevention (as mandated by local law).
• 8 hours professional ethics (any health related ethics course)

* 8-15 hrs. Goal-setting/counseling/coaching skills *suggested*
* 8 hours First Aid/CPR *suggested*
* Additional general study of Anatomy and Physiology suggested (100 hrs) *suggested*

In Touch, **Arlene Green** and **Matthew Thie**

TFHKA / IKC Touch for Health Instructor/Consultant Registration/Application Form 2021

Name _____Date_____
TFHKA member? Yes / No
Status (Registered Instructor? Professional Member?)_____
Street Address_____
City, State, Zip _____
Home Telephone(land)_____ Cell # _____
Email_____ Website_____

When did you complete **TFH 1-4**?
TFH 1_____ Instructor_____
TFH 2_____ Instructor_____
TFH 3_____ Instructor_____
TFH 4_____ Instructor_____

(When) did you complete the TFH **Proficiency**? _____

(When) did you complete the TFH **WORKBOOK**? _____
(If you have repeated the Skills Update/Proficiency as an instructor update, how many times and the approximate dates/instructors?)
_____

When did you complete/Repeat the ITW? _____

When did you ***repeat*** **TFH 1-4**?
TFH 1_____ Instructor_____
TFH 2_____ Instructor_____
TFH 3_____ Instructor_____
TFH 4_____ Instructor_____

TFH Instructor/CONSULTANTS work in the role of *Consultants* and who have completed a specific level of training and practice, using a specifically TFH related title that more clearly implies their work in 1 on 1 sessions (as a fee service) in the self-responsibility, non-medical, non-diagnostic/treatment model.

For each number, please write the number and topic and your answer on a separate sheet of paper,
Or type your answers after the question within the document.

1. **Personal Philosophy:** Briefly (about 5 sentences) what is your philosophy as a kinesiology practitioner, and as a TFH Consultant in particular?

2. **In-Depth TFH Review.** Have you:

A-Repeated the TFH 1-4 curriculum with a different instructor? Instructor Names:
Dates:

B-Co-taught with different instructors? Instructors:

C- Have you received any Mentoring/support from another instructor/trainer, participated in peer-mentoring/collaboration, provided mentoring/ support to another student/instructor?

Please identify your sources:
A course/workshop;
Printed Source;
Personal Experience

3. Mentorship:

A. Who was your "mentor" who supported you in your development as a kinesiology "practitioner", particularly in repeating levels 1-4? _____

B. What kind of support/mentorship did you experience? (Extra observation/feedback, extra roles in organizing a TFH class, co-teaching, sponsoring of your TFH workshops, etc.)

C. Would you be willing to SERVE as a mentor to other potential Instructor/Consultants repeating a TFH level with you?

D. What type of Mentorship/collaboration would be most productive for you and for other long-time or new Instructor/consultants?

4. Ethics: a minimum of 8 hours of health-related ethics training is required. What ethics training have you had? What type of TFH/Kinesiology ethics training do you feel is important for practitioners working as TFH Consultants?

5. Practice Management: A TFH Consultant will require management skills beyond the balancing skills of Touch for Health. Do you currently:

a. Keep records of your sessions?
b. Have a consent/Client agreement for your TFH Sessions?
c. Keep an appropriate space or separate office for conducting sessions?
d. Have you had any kind of Practice Management preparation or training? (class, training at a clinic, etc.?)
e. What do you see as the essential practice management skills that TFH Consultants must have to be successful?

6. Goal-setting/counseling/coaching skills: Have you had any further training in counseling/coaching/goal-setting? (TFH Metaphors, coaching training, BKP, etc.?)

7. First Aid/CPR: Do you have current First Aid/CPR certification? How important do you feel it is for a TFH Consultant to be able to respond with first aid to a medical emergency?

8. Anatomy and Physiology: Have you had additional study of anatomy and physiology? How does this contribute to your skill/confidence as a TFH Consultant? How important do you feel it is for TFH Consultants to have more depth of knowledge of anatomy and physiology beyond TFH 1-4?

9. Final Evaluation: The IKC requires a final evaluation of all TFH Consultant candidates via a <u>live demonstration balance with a client</u>, including discussion and feedback with the Faculty/Consultant Assessor.

10. Evidence: Do you have evidence of your training and experience? Please list the forms of evidence which you have such as IKC Certificates, Rosters, lists of TFH classes you have taught, co-taught, Sponsored, etc., receipts/bank statements, etc. indicating an ongoing kinesiology practice, Affidavits or letters of recommendation from colleagues, students, clients, instructors, etc.

(Please note, although it is not necessary to include all of the documentation with the application, the IKC TFH Consultant Faculty **reserve the right to request submission of some or all of the evidence that is described here**.)

11. Competence: At what point did you feel that you were COMPETENT to begin safely, and confidently seeing individual clients, and deliver a service worthy of charging a fee?

12. **Preparation:** What was the most important preparation that you had for working as a kinesiology "practitioner"? (workshops, practice with friends/family, ITW, or?) What type of preparation would you recommend to people who are beginning their study of TFH with the intention of becoming practitioners? What would you consider an absolute minimum training before charging for TFH Sessions?

13. **Practitioner Experience:** Have you been consistently working as a practitioner ("consultant") for at least 2 years?(If yes, how many years, and approx. how many clients per week/month?)

14. **Educational Model:** Would you say that your practice exclusively fits within the educational, self-responsibility model of TFH, or do you combine your practice with a licensed modality that appropriately and legally incorporates the diagnosis/treatment model? (If so what license(s) do you hold/practice and please elaborate how your practice as a TFH Consultant integrates with your licensed practice)

I hereby certify that my practice is legal in my state, either because I comply with general rules for alternative health practitioners (as with California Health Freedom Law), or because I have the appropriate licensing that allows me to incorporate Touch for Health in my practice.

X_____ (type of License or N/A_____)

Contact your faculty (Matthew or Arlene) regarding payment of your Consultant application fee of $100