

QUANTUM-TOUCH® Level 1 Instructor Application Form

Instructor Candidate completes, signs & forwards this (with certificate copies) to QT Main Office

Name: _____ Date: _____

Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone # (include Area Code or Country/Region Code): _____

Email for QT Business: _____

Business Name(s): 1) _____

2) _____

Website Domain Name(s): 1) _____

2) _____

DATE of Certified Practitioner Status:

_____ (attach copy of the certificate)

Write the DATE of Completion of the Quantum Energy System Online. (If the Quantum Energy System Online is not available in your language, attend an additional live Level 1 workshop in its place. Write the date of that class, the instructor name and location, and attach a copy of your Certificate of Completion)

Write the DATE, INSTRUCTOR NAME, & LOCATION of all live QT Level 1 classes you have taken. You must complete a minimum of four live QT Level 1 classes (including the Level 1 you completed for Practitioner Status) to be eligible to enter the Mentor Program. At least one of these live classes must have been taken within 12 months of the date QT Headquarters receives this application form. (attach copy of each certificate)

1. _____

2. _____

3. _____

4. _____

5. _____

Write the DATE, INSTRUCTOR NAME, and LOCATION of the QT Level 2 or Self-Created Health Workshop(s) that you have completed. (attach copy of each certificate - live class or teleseminar)

1. _____

2. _____

3. _____

4. _____

For QT HQ office use only:

non-refundable mentor fee paid - DATE _____

\$300 US\$ certification fee paid - DATE _____

Date Mentoring began _____

Date Mentoring ended _____

candidate approved - DATE _____

candidate not approved - DATE _____

Mentor Name _____