***Trainer Candidate completes, signs and sends this application along with completed requirements & fee to QTHQ***

**Name: Date:**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State/Province:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone # (include Area Code or Country/Region Code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email for your Quantum-Touch business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| ***DATE of Certified Practitioner Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***( attach copy of the certificate)*** |
| ***DATE of Certified Instructor Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***( attach copy of the certificate)*** |
| ***Write the DATE, INSTRUCTOR NAME, & LOCATION of the Quantum-Touch Level 1 classes completed for Instructor Status. ( attach copy of each certificate)***  ***1.*** |
| ***2.*** |
| ***3.*** |
| ***4.*** |
| ***5.*** |
| ***6.*** |
| ***Write the DATE, INSTRUCTOR NAME, and LOCATION of the Quantum-Touch Level 2 or Self-Created Health Workshop(s) that you have completed. (attach copy of each certificate)***  ***1.*** |
| ***2.*** |
| ***3.*** |
| ***4.*** |
| ***Write the Number of QTL1 classes you have taught and the Number of QTL1 students whom you have taught. If you do not know the exact number of classes or students, please provide an estimate.***  ***Number of QTL1 classes taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of QTL1 students taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ***Please answer the following questions using additional pages:***  ***Why do you want to become a Quantum-Touch Instructor Trainer?***  ***What do you think you can bring to the Quantum-Touch Instructor Trainer Program?*** |
| ***Payment: This form must be accompanied by a $200 non-refundable TRAINER application fee paid to Quantum-Touch Headquarters. Please enter your payment method below:***  ***Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Security digits on back of card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name on front of card\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***    ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Your signature Date signed*** |
|  |