

**ICP Healing Touch Introduction Presenter Information and Application**

The ICP Healing Touch Introduction is titled, Expand Your Healing Potential. It is a presentation designed to inform healthcare facility administrators, nurses and other patient care providers of the many benefits Healing Touch offers patients, staff and the facility at large. The goal is to increase awareness of Healing Touch and generate interest in training nurses and other staff in Healing Touch.

**The ICP Healing Touch Introduction (HT Intro):**

* May be planned and scheduled by the presenter directly with a healthcare facility or through the ICP Manager.
* Is designed to be experiential and uses Healing Touch Program (HTP) copyrighted materials.
* Offers American Nurses Credentialing Center (ANCC) nursing continuing education (CE) for 1, 2 or 3 hours through HTP. Providing CE hours has strict requirements that are outlined in detail in **the ICP HT Introduction HTP ANCC Continuing Education Requirements.**
* May be presented without CE hours.

**Presenter Personal Requirements:**

* Completion of HTP Level 4 or higher.
* Healthcare work experience or familiarity with healthcare facilities and ways Healing Touch can be used for patient and staff care.

**Presenter Documents Required:**

* Approved HT ICP Intro Presenter Application (below).
* Signed **HT ICP Intro Presenter Agreement**.
* When HTP ANCC CE hours are being provided to attendees, the **HTP Conflict of Interest Form** is required.

**Presenter Compensation:**

* It is expected that the presenter should be paid for their time and expertise, especially if nursing CE hours are provided.
* Presenters planning and scheduling the ICP HT Introduction on their own will negotiate payment, either from the facility or the individuals in attendance. Suggested payment rates vary from $150 to $250 for the workshop, or $10 to $15 per student, depending on the location, presentation length and CE hours.

**Application Instructions:**

1. This is a fillable Word document form.
2. **Complete all the information** and save it as a **Word or PDF document** on your computer. These are the only file formats that will be accepted – Pages documents are not accepted.
3. Email the completed form to: [ICP@HealingTouchProgram.com](mailto:ICP@HealingTouchProgram.com).
4. You will receive acknowledgement of receipt within two business days.
5. Upon approval, you will receive an email with instructions to access the ICP HT Introduction Support Portal.

**ICP HT Introduction Support Portal**

* All documents for the introduction are located on the ICP HT Introduction Support Poral housed in Kajabi.
* The administrator will give you access to the ICP Healing Touch Introduction Support Portal and an automatic email from [htp@t.kajabimail.net](mailto:htp@t.kajabimail.net) will be sent to you.
* If you have trouble accessing the portal, please contact the administrator at [htpclasses@healingtouchprogram.com](mailto:htpclasses@healingtouchprogram.com) for assistance.

**ICP Healing Touch Introduction Presenter Application**

The purpose of the ICP Healing Touch Introduction is to inform healthcare facility administrators, nurses and other patient care providers of the many benefits Healing Touch offers patients, staff and the facility at large. The goal is to increase awareness of Healing Touch and generate interest in training nurses and other staff in Healing Touch.

***This application is required for each ICP HT Introduction being given.***

**Presenter Information:**

**First Name:**      

**Last Name:**

**Address (city, state, zip):**

**Phone:**      

**Email:**

**Place of Employment:**

**Position/Title:**

**Credentials:**

**Healing Touch Program Class Level Completed:**

**If you are not currently employed in healthcare, please briefly list your healthcare experience or involvement:**

**ICP HT Introduction Date**:

**Facility or Group the introduction class is being provided to:**

**Facility or Group Name:**

**City and State:**

**Contact Name:**

**Contact Phone:**      

**Contact Email:**

**Continuing Education Hours:**

Will ANCC nursing CE hours be provided through HTP?  Yes OR  No

**If yes, answer the following:**

Length (choose one): 1 CE Hour  2 CE Hours  3 CE Hours

**Electronic Signature:**

*Typing your name below represents your Electronic Signature and agreement that the information provided is correct.*

**Applicant Name:**

**Date:**