



P.O. Box 16189, Golden, Colorado 80402 • (303) 989-0581 • Fax (303) 985-9702 • www.HealingTouchProgram.com

Level 4 Student Information Form

Class Date _____ Location _____

Instructor _____

Student Name _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Email _____

Credentials _____

Occupation / Other Educational Experiences / Volunteer work:

Other certifications or specialties:

Previous classes in Healing Touch (Include: Level, Approximate Date, Location, Instructor):

Level 1

Level 2

Level 3

Repeat classes / Helper or Coordinator experiences:

Other related Classes or Experiences:

Goals related to Healing Touch:

Additional information or interests: