

## Clergy Apprentice Ordination Requirements Check List – Energy Healer

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**The purpose of these ordination requirements is to demonstrate that you understand the ethical, spiritual and technical aspects of your healing modality meet TCHS standards.**

**Directions:** Make sure all documents are placed in the same order as the check list and number each page in the bottom right corner. Exp: 1/16, 2/16 etc.

This application will require writing. Grammar and spelling will be considered during the approval process. Forms may be typed or handwritten neatly. Lines on forms may be deleted if you are typing. Reports and essays must typed in Times New Roman 12pt with 1” Margins. If any part of this application is illegible you will be asked to resubmit it. Please use a Header with your name, requirement title, such as Book Review, and Ordination category, Clergy Apprentice – Energy Healer. Add a Footer with page # in right corner. Attach in order.

**Header example:**

First & Last Name	Book Review	Clergy Apprentice– Energy Healer
First & Last Name	Professional Resume	ClergyApprentice – Energy Healer

Staple this list on top of completed documents to the top of your submission.

**Mail to:**

The Church of the Human Spirit  
23622 Farmington Rd.  
Farmington, MI 48336  
Attn: Ordination Dept

**Healing Touch Practitioners: Please review this package for adjusted requirements.**

**\*Other practitioners – if you have been certified through a program that has similar requirement please contact us.**

# Clergy Apprenticeship Requirements

## 1. Professional Resume

2. A copy of your **Certificate of Completion** for practitioner level for your modality.
3. **Book Reviews** – Following the book review form write a 250 word book review for each book. Include what you have learned, how it applies to your modality and if you would recommend it. See Book List for categories and recommended books. Electives may be from any category. If you have a book not on the book list but would like to use please contact us to determine if it qualifies. **Books may be purchased through our website soon.**

**Healing Touch Practitioners:** Written book reviews are required for the Three (3) titles below.

	Title	Author	Category
1	Creating Healing Relationships	Dorothea Hover-Kramer	Req - Ethics
2	Hands of Light for Energy Workers	Barbara Brennan	Req – Energy Med
3	<b>Services &amp; Ceremonies Book</b>	<b>Your Choice</b>	<b>Req – Sp Dev</b>

4. **Healing Modalities** – Experience two (2) different Healing Modalities. Write a 150 word review for each experience. Include pros and cons of the modality, if you benefitted from it and if you would recommend it. These modalities must be done by another practitioner. This session must be one-on-one. Classes do not qualify. Contact information for each modality must be provided. The Purpose of experiencing the Healing Modalities is to take an opportunity to focus and heal the self and to begin to build a network for referrals if need be.

**Healing Touch Practitioners:** Please provide your Healing Modality Index (copy) only.

	Healing Modality	Practitioner	Date
1			
2			

5. **Community Service** – Write a page about a community service project you participated in, how you participated and any feelings about how this project was healing to an individual, community or the collective.
6. **Documented Treatments** – Complete 10 documented treatments. Complete a form for each treatment. Included in this packet.

**Healing Touch Practitioner:** Please provide a copy of your top 10 healing sessions only.

## Documented Treatments Form

**Date:** \_\_\_\_\_ **Length of Session:** \_\_\_\_\_

**Reason for Session:** \_\_\_\_\_ **Techniques/Tools Used:** \_\_\_\_\_

**Brief description about the session:**

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**Date:** \_\_\_\_\_ **Length of Session:** \_\_\_\_\_

**Reason for Session:** \_\_\_\_\_ **Techniques/Tools Used:** \_\_\_\_\_

**Brief description about the session:**

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**Date:** \_\_\_\_\_ **Length of Session:** \_\_\_\_\_

**Reason for Session:** \_\_\_\_\_ **Techniques/Tools Used:** \_\_\_\_\_

**Brief description about the session:**

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# Book Review

**Title** \_\_\_\_\_ **Author** \_\_\_\_\_

**Category** \_\_\_\_\_ **Required or Elective (circle one)**

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**Title** \_\_\_\_\_ **Author** \_\_\_\_\_

**Category** \_\_\_\_\_ **Required or Elective (circle one)**

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Reviewed by \_\_\_\_\_

# Healing Modality Form

Healing Modality \_\_\_\_\_ Date of Service \_\_\_\_\_

Professional Practitioner \_\_\_\_\_

Contact Information: \_\_\_\_\_

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## Modality Review:

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## Would you recommend this modality? And why?

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