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 – Energy Healer. Add a Footer with page # in right corner. Attach in order.

Header example:

First & Last Name First & Last Name Book Review Professional Resume Senior Clergy – Energy Healer Senior Clergy – 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.

Senior Clergy Requirements

- 1. Professional Resume
- 2. A copy of your **Certificate of Completion** for the highest level for your holistic 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 fiver (5) titles below. For verification of the additional ten (10) please include your Book Review Index (copy) from your Healing Touch requirements.

	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	Ethics for the New Millennium	The Dalai Lama	Req - Ethics
4	Services & Ceremonies Book	Your Choice	Req – Sp Dev
5			Req – Qua. Phy
6			Req – Pro Dev
7			Req – Field Focus
8	Spiritual Coaching Book - TBD		Req – Sp Dev
9			Elective
10			Elective
11			Elective
12			Elective
13			Elective
14			Elective
15			Elective

4. **Healing Modalities** – Experience Ten (10) 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			
3			
4			
5			
6			
7			
8			
9			
10			

- 5. **Community Service** Write a page about a community service project you planned and participated in, how you participated and any feelings about how this project was healing to an individual, community or the collective.
- 6. One (1) Case Study Complete three (3) healing sessions with one client to show your competency in treating a client over a period of time. Complete one case study form for each session showin the progression of your healing work such as; treatments chosen and why you chose them, how the client needs were addressed, improvements if any experienced by the client and how & why you completed your work with the client, were the clients issues resolved, will you be continuing treatment, did the client choose to end treatments or did you refer the client to another practitioner/modality. Include on a separate sheet of paper a paragraph describing your general preparation technique before a client session. Also include on a separate sheet of paper write a minimum of 250 word conclusion with a reflective statement about the outcome. Case Study form is included in this packet.
- Documented Treatments Complete 100 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.
- Sermon Write a sermon using the standard TCHS criteria. An in depth sermon is not required. This may be a detailed outline or written sermon. Your style is up to you. Be creative. How would you inspire our members? Also include an outline of a class you would teach related to the sermon.

Standard TCHS criteria includes:

- a. Welcome
- b. Vibrational energy attunement using crystal singing bowls (for example)
- c. Observation of beauty; music or visual
- d. Discussion of a topic
- e. Healing Meditation
- f. Sharing of experiences
- g. Closing

Case Study Form

Date: **Reason for Session:** Rate Pain/Discomfort (beginning): (least pain) 1 2 3 4 5 6 7 8 9 10 (most pain) Describe Session in detail: What techniques did you use? How did you address the client's needs? Please use additional pages in needed. What were the Client's experiences, if any? Please use additional pages if needed.

Rate Pain/Discomfort (conclusion): (least pain) 1 2 3 4 5 6 7 8 9 10 (most pain)

Documented Treatments Form

Date:	Length of Session:		
Reason for Session:	Techniques/Tools Used:		
Brief description about the session:			
Date:	Length of Session:		
Reason for Session:	Techniques/Tools Used:		
Brief description about the session:			
Date:	Length of Session:		
Reason for Session:	Techniques/Tools Used:		
Brief description about the session:			

Book Review				
Title	Author			
Category	Required or Elective (circle one)			
Title	Author			
Category	Required or Elective (circle one)			

Healing Modality Form

Healing Modality	Date of Service
Professional Practitioner	
Contact Information:	
Modality Review:	
Would you recommend this modality? And why?	