



Professional Reiki Licensing Program Forms for the Application Process

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Professional Licensing Contract

The International Center for Reiki Training

Please submit all correspondence regarding this program IN DUPLICATE:

Send copy #1: Laurelle Gaia, P. O. Box 130, Hartsel, CO 81211

Email: ReikiGaia@aol.com

Send copy #2 : Beth Simmons Stapor, 404 E. Broad St, Cookeville, TN 38501

Email: reiki@infoave.net

Letter of Intention to Become an ICRT Licensed Teachers

Dear Prospective Student Teacher:

We appreciate your interest in becoming a Licensed Teacher with the International Center for Reiki Training. To begin the application process, you must first submit a letter of intention. This letter will help us get to know you as a human being, and as a prospective teacher. We ask that you include some idea of your basic philosophy in your letter of intent.

We ask that you connect with your higher self to insure that ego and personality motives along with your soul's purpose are not in conflict. Please meditate/pray over your letter of intent and include your responses to these questions in your letter.

- o Why do you wish to become a Licensed Reiki Master Teacher with the International Center for Reiki Training?
- o What does becoming a Licensed Teacher mean to you? What does it convey to the public?
- o What strengths and weaknesses do you bring with you to the program?
- o How do you see yourself growing emotionally, mentally, and spiritually through becoming and being a Licensed Teacher.

Please mail this letter along with your application to the address on page 2 of this manual.

The International Center for Reiki Training
APPLICATION FOR ADMITANCE INTO THE LICENSED TEACHER PROGRAM

Name _____

Date of Birth _____

Mailing Address:

Street _____ City _____

State/Country _____

Zip/Postal Code _____

Office Address:

Street _____

City _____

State/country _____

Zip/Postal Code _____

Home phone _____ Office Phone _____ Fax _____

Email _____

Personal website _____

ICRT Training

Reiki I Date	Teacher	Certificate Enclosed	Y/N*
Reiki II Date	Teacher	Certificate Enclosed	Y/N*
ART Date	Teacher	Certificate Enclosed	Y/N
Master Date	Teacher	Certificate Enclosed	Y/N

* Certificates must be submitted for these classes before your application can be considered. The advanced level must be submitted within six (6) months of being accepted into the TLC program

Reiki Training with other Schools

On a separate sheet of paper list classes, dates, and teacher of all your previous Reiki training and hours of training at each level. Copies of your certificates should be sent to the address on page 2.

Educational Background

On a separate sheet of paper list:

High School attended, address and dates of attendance.

College(s) OR vocational schools you attended, address and dates of attendance, degrees awarded.

ICRT Application for Admission into TLC Program - Page 2

Other spiritual healing training you have attended, address and dates of attendance, certificates or degrees awarded

Graduate work, school attended, address, dates of attendance and major/minor

List Names of References and Phone numbers:

Employer:

Name Phone Number _____

Personal:

Name Phone Number _____

Students:

Name Phone Number _____

Name Phone Number _____

Name Phone Number _____

Name Phone Number _____

Name Phone Number _____

Clients:

Name Phone Number _____

Name Phone Number _____

Name Phone Number _____

ReikiTeacher:

Name Phone Number _____

Please include a current photo of yourself with your application.

Do you hold any certifications, licenses in traditional medicine, complementary medicine, or psychology? If so, list and give your training. Use the back of this page if necessary.

**International Center for Reiki Training
Licensed Teacher Program
APPLICANT'S CONSENT AND RELEASE**

In applying for Licensure with the International Center for Reiki Training, I,
_____ hereby:

Authorize the International Center for Reiki Training, their staff and representatives to consult with my prior and current students, teachers, and others who may have information bearing on my professional competency, character, health status, ethical qualifications, ability to work cooperatively with others and other qualifications;

Consent to the Release of such information;

Release from liability the ICRT, its staff and their representative for their acts performed and statements made in good faith and without malice in connection with evaluation of my application, my credentials and my qualifications.

I acknowledge that I as an applicant for licensure have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications and for resolving any doubt about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN MY APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ **Signature of Applicant**

_____ **Name Printed**

_____ Date

_____ **Signature of Witness**

_____ **Witness Name Printed**

_____ Date

Reference Letters

To: Prospective Student Teachers
From: ICRT Teacher Training Staff
Re: References

Please present the enclosed letter of reference forms to your employer, a personal reference, five (5) of your students who have taken class with you in the past 12 months, three (3) of your current clients and to the Center Licensed Teacher whom you took the ART/Master training with. Ask them to fill out the reference form and return it to the licensing office in the self addressed stamped envelope, which you provide for them.

Address the envelope as follows:

**Laurelle Gaia, Director of Teacher Licensing
International Center for Reiki Training
P.O. Box 130, Hartsel, CO 80449**

INTERNATIONAL CENTER FOR REIKI TRAINING
Employer Reference Letter

Thank you for your time in completing and mailing in this reference form. You have been asked to fill this out as an employer of _____ who is applying to become a Licensed Teacher with the International Center for Reiki Training.

Please carefully respond to what we are asking. Your responses will help us determine admittance into our training program. All of your responses will be kept confidential. A member of our staff will be contacting you by phone during this selection process. We look forward to talking with you.

EMPLOYER REFERENCE

- How long was/is this person employed with your company?

- Would you hire this person again?

- What is your assessment of this employee as to punctuality, interaction with the public, ability to work independently, compassion for others, judgments of others, ability to follow assigned tasks as asked to perform, and honesty.

- Do you think this employee was/is a good representative of your company in the community?

Please mail your responses to Laurelle Gaia in the envelope provided.
(P.O. Box 130, Hartsel, CO 80449) or fax to 801/459-3718

Date completed: _____

Signature _____ Name Printed _____

Phone number and or email address: _____
Best time to call _____

Thank you for your assistance

INTERNATIONAL CENTER FOR REIKI TRAINING
Personal Reference Letter

Thank you for your time in completing and mailing in this reference form. You have been asked to fill this out as personal reference for: _____ who is applying to become a Licensed Teacher with the International Center for Reiki Training.

Please carefully respond to what we are asking. Your responses will help us determine admittance into our training program. All of your responses will be kept confidential. A member of our staff will be contacting you by phone during this selection process. We look forward to talking with you.

PERSONAL REFERENCE

- How long have you known this person? In what capacity do you know them?

- How would you describe this person as to their honesty, their interactions with the public, commitment to following through with any undertaking they commit to?

- Do you feel that this person has any prejudices or makes judgments of people who do not think or act as they do?

- Do you believe that this person is committed to their practice of Reiki?

- Would they be an asset to our Licensed Teacher Program?

Please mail your responses to Laurelle Gaia in the envelope provided.
(P.O. Box 130, Hartsel, CO 80449) or fax to 801/459-3718

Date completed: _____

Signature _____ Name Printed _____

Phone number and or email address: _____

Best time to call _____

Thank you for your assistance

Student Reference Letter - page 2

- Would you take a class from this teacher again?

- Do you feel that this teacher would be a good representative of the International Center for Reiki Training? If so, why?

Please add any other comments about this teacher that you think would help us in our selection process.

Please mail your responses to Laurelle Gaia in the envelope provided.
(P.O. Box 130, Hartsel, CO 80449) or fax to 801/459-3718

Date: _____ Signature: _____
Name Printed _____

Phone number and or email address: _____

_____ Best time to call _____

Thank you for your assistance

INTERNATIONAL CENTER FOR REIKI TRAINING
Client Reference Letter

Thank you for your time in completing and mailing in this reference form. You have been asked to fill this out as a client reference for: _____ who is applying to become a Licensed Teacher with the International Center for Reiki Training.

Please carefully respond to each question/section. Your responses will help us determine admittance into our training program. All of your responses will be kept confidential. A member of our staff will be contacting you by phone during this selection process. We look forward to talking with you.

CLIENT REFERENCE

- How long have you been receiving Reiki treatments from this practitioner?

- How much time does your practitioner spend talking with you before and after your Reiki session?

- Do you feel the practitioner understands your needs?

- Do you feel comfortable that your practitioner seems competent with the techniques they are using?

- Does your practitioner diagnose or tell you what is wrong with you?

- Does your practitioner suggest ways you might find relief for your situation?

- Does your practitioner suggest other techniques that might help you?

- Is your practitioner prompt in keeping your appointment time?

- Would you say your practitioner could be reached easily to make an appointment?

- How long does it take your practitioner to call you back when you leave a message, within a day, week, or longer?

- Do you feel the fees you pay are reasonable for your area?

- Do you feel at ease with your practitioner?

Client Reference Letter - page 2

- Please add any other comments about this practitioner that you think would help us in our selection process.

Please mail your responses to Laurelle Gaia in the envelope provided.
(P.O. Box 130, Hartsel, CO 80449) or fax to 801/459-3718

Date completed: _____ Signature: _____

Name printed: _____

Phone number and or email address: _____

_____ Best time to call _____

Thank you for you assistance

INTERNATIONAL CENTER FOR REIKI TRAINING
Teacher Reference Letter

Thank you for your time in completing and mailing in this reference form. You have been asked to fill this out as a Teacher reference for: _____ who is applying to become a Licensed Teacher with the International Center for Reiki Training.

Please carefully respond to each question/section. Your responses will help us determine admittance into our training program. All of your responses will be kept confidential. A member of our staff will be contacting you by phone during this selection process. We look forward to talking with you.

TEACHER REFERENCE

- How long have you known this student?

- What classes has this student taken from you?

- Please describe this student regarding:
 - o Their ego, knowledge of Reiki, openness to challenges, different or difficult people, new ways of doing things.

- Do you sense any competitiveness with other teachers or students?

- How did this student interact with others in class?

- Do you feel this student has a commitment to Reiki?

Teacher Reference Letter-page 2

- Please give your assessment of this student as a potential Licensed Teacher.

- Do you feel this student would promote the Center and support the philosophy, purpose and ethical code?

- Please add any other comments about this student that you think would help us in our selection process.

Please mail your responses to Laurelle Gaia in the envelope provided.
(P.O. Box 130, Hartsel, CO 80449) or fax to 801/459-3718

Date completed: _____ Signature: _____

Name printed: _____

Phone number and or email address: _____

Best time to call _____

Thank you for your assistance

Client Review Form for Reiki Session

Name _____ (optional)

Phone _____

Name of Reiki Practitioner _____

Date of Session _____

Before Your Session:

How long did it take for you to obtain a session with this Practitioner from your initial phone call?

How long was it from the time you called for an appointment until the Practitioner returned your call to schedule a session: (please circle one)

{The day you called} {within 2-3 days} {within 4-7 days} {longer}

What is your impression of the openness and warmth of the Practitioner.

{Very Open} {Somewhat open} {Very Little} {Not at all}

Are you comfortable talking to your Practitioner?

During Your Session:

Did your Practitioner talk with you about your concerns before the session?

Did they consult with you after the session to see how you felt and discuss your experience?

Did you feel comfortable, respected and nurtured during your session?

Was there anything that concerned you about your session?

After Your Session:

Did the Practitioner provide time for you to talk about your session?

Did the Practitioner give his/her impressions of your session?

Did they suggest ways that you could assist in your healing?

How would you rate this Practitioner as a Professional?

Please mail your responses to Laurelle Gaia in the envelope provided.
(P.O. Box 130, Hartsel, CO 80449) or fax to (801/459-3718)

Thank you for your assistance

**International Center for Reiki Training Teacher Licensing Program
PROFESSIONAL CONTRACT**

This Professional Contract is entered into between _____ Licensed Teacher and the International Center for Reiki Training. The Licensed Teacher agrees to and states they will abide by the following:

- To maintain an active Reiki Practice.
- To distribute Reiki News to establishments in their area.
- To promote harmony in the Reiki Community.
- To honor and respect students, encouraging their independent growth, and to freely share information with them.
- To have email and voice mail or an answering service to receive messages from the center and to check both regularly.
- To meet deadlines for submission of teaching schedules for advertising in Reiki News and the Website
- To teach all Reiki classes according to Center guidelines including material to be presented for each class.
- To use Center developed manuals for your classes.(Available to teachers at 40% of retail cost when ordered in groups of 5 or more)
- To follow the Ethical Guidelines established by the center.
- To do attunements according to the Center method.
- To agree to be observed by the ICRT staff teaching all levels of classes.
- To keep current your contact information that is published on the website and in the Reiki News, which includes phone number and email address.
- To pay an advertising fee (current minimum fee established by ICRT) each Reiki News(4 times a year) which includes the listing of your contact information and 2 classes. Additional classes may be advertised at the rate of \$50.00 per class. (These fees are subject to change)
- To pay a certificate fee of \$5.00 for each student you teach and student fees as follows for each student; Reiki I- \$5.00, Reiki II - \$5.00, ART - \$5.00, Master - \$20.00, Karuna \$25.00. (These fees are subject to change)
- Pay a tuition fee of \$75.00 per month while I am a student teacher.
- To submit symbol tests and class reviews for each student to the TLC Program within one week of the class.
- To submit CEU/CE paperwork as required by each organization in the time frame stated.
- To maintain your status as an independent business person responsible for your own expenses and taxes.
- To teach a minimum of 6 classes per year.
- To review each level you teach as a Licensed Teacher once every three years, submitting documentation to the TLC office.
- To attend the Reiki Retreat once every other year(every year preferred).

I understand if I do not follow the items listed on this contract that I will be placed on probation and not permitted to advertise classes. At that time I will have the opportunity to correct the deficiency. If I do not, then I understand that I will be suspended from the TLC Program.

Signed _____ Date _____