



New Coordinator Questionnaire

Personal Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____ Birth Date: _____

What type of computer do you use? PC MAC

What is the best way to reach you? _____ When is the best time to reach you? _____

What is your education background? _____

What are your credentials? _____

What is your current occupation? _____

How many hours per week does your current occupation require? _____

Please describe how flexible your current employer is in order to allow you to work on a HTA during business hours. _____

What levels of Healing Touch have you completed (if any)? _____

Are you affiliated with any other healing modality (if yes, please explain)? _____

Do you coordinate for any other organization (If yes, which organization)? _____

Do you have animals? (If yes, please list them) _____

What is your experience with horses? _____

What percentage of your working hours is dedicated to HTA and/or an HTA practice? _____

How were you introduced to HTA? _____

How long have you been working with HTA? _____

Lastly, please provide a quote about your experience while working with the HTA organization. _____

If there is anything else you feel would be important for us to know about you, please feel free to comment on a second page.