Healing Touch Program Apprentice Clinical Internship

Course Description: This course will be available for 10 months from sign-up date or until 100 Healing Touch Sessions have been completed.

Who Should Enroll? Participants must have completed Healing Touch Program Level 4, be engaged in a formal active Healing Touch mentorship contract, and show proof of professional liability insurance ($1 million/$3 million).

What You Will Learn: A 10-month opportunity to complete up to 100 Healing Touch sessions toward the national Healing Touch Program’s Level 4 practice requirement. Apprentices will gain experience with oncology patients in a supervised setting, as well as receive feedback to enhance their practice.

Where: Levine Cancer Institute, 1021 Morehead Medical Drive, Charlotte, NC. (Other Levine Cancer Institute regional sites as they become available.)

Course Confirmation and Parking: You will receive course confirmation and specific orientation and parking instructions one week prior to class.

Course Fee:
- □ General Registration $75.00
- □ Full time Student $25.00
  (Healing Touch Program requires documentation of 20 hours of education/week.)

Faculty: Arlene Mauney, AAS, RHIT, ADS, HTCP/I

Continuing Education Credits: Healing Touch Program Apprentices have the opportunity to document up to 100 Healing Touch sessions in an oncology specialty institute based on the guidelines provided by the national Healing Touch Program.

Healing Touch Program is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s COA. Healing Touch Program is approved by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) as a continuing education provider. (Provider number 150588-00.) Healing Touch Program is endorsed by the American and Canadian Holistic Nurses Associations.

Dates: Entry dates vary. Contact Arlene Mauney for details.
  Arlene.Mauney@carolinashealthcare.org

Need Additional Information?

Susan B. Thomasson, M.Ed., MT(ASCP)SH, LMBT
Director, Continuing Education
Phone: 704-355-3921 or Email: Susan.Thomasson@carolinashealthcare.org
Healing Touch Program Apprentice Clinical Internship
To register, submit application and payment to Lakisha Bennett, Staff Assistant, Continuing Education

US Mail
Carolinas College of Health Sciences
1200 Blythe Boulevard ◇ Charlotte NC  28203
E-Mail
Lakisha.Bennett@carolinas.org
Interdepartmental Mail
CCHS, Rankin Educ. Bldg: CE Department, Room 112
Fax
704-355-5967

Please Print

Name:   First:   Last:
Mailing Address:
Cell Phone:   Alt. Phone
E-Mail:    Mandatory for Course Confirmation

Choose date
Class start dates vary.
DEADLINE TO REGISTER, 3 BUSINESS DAYS PRIOR TO CLASS START DATE

Please enclose payment with registration form to hold your place in the class.

Select Method of Payment

Card #

Course Fee:
☐ $75.00
☐ $25.00(student)
☐ Check*
Expiration Date

☐ Visa
☐ MC
☐ Discover
☐ American Express
Card Holder’s Signature
☐ Cash

*Payable to Carolinas College of Health Sciences

Interdepartmental Charge: Carolinas Healthcare Teammates Only:

Manager’s Name
Manager’s Signature

Business Unit#  Department #  Account #

CHS Facility
Department

Note: Refund requests must be postmarked at least two (2) business days prior to the first day of class. Fees paid will be refunded by check and mailed within 30 days of request. A portion of the tuition may be retained by the College.

If you need special accommodations according to the Americans with Disabilities Act, please contact the Student Services Department at 704-355-5043.

Carolinas College of Health Sciences is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Carolinas College of Health Sciences.
INTERNATIONAL APPLICANTS:
Due to limited resources in supporting international students and a focus on providing healthcare practitioners for the Charlotte metropolitan area, the College will not authorize requests for temporary or student visas. Proof of legal residency may be required.

Citizenship International students who do not have permanent resident status will not be considered for admission
☐ U. S. Citizen
☐ Permanent Resident Alien __________ / __________ Receipt # __________ Date of Issue __________

Citizenship Country ____________________________________________________________________________________________

Voluntary demographic data for reporting purposes only:
Ethnicity
☐ White ☐ American Indian/Alaskan Native ☐ Native Hawaiian or Pacific Islander ☐ Two or more races
☐ Black or African American ☐ Hispanic ☐ Asian ☐ Unknown

Gender: ☐ Male ☐ Female Birth date: ____________________________

Community Standards:
In an effort to maintain a safe learning community, we ask the following questions of all applicants. We cannot accept your application unless you answer these questions. A “yes” answer to one or more of the following questions does not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

☐ Yes ☐ No We are committed to an alcohol-free, drug-free, and tobacco-free workplace. Students found in violation of this standard may face disciplinary action including dismissal. Students must submit a negative drug screen prior to enrollment and are subject to random drug screens throughout enrollment. Is there any reason why you would not be able to produce a negative drug screen prior to enrollment?

☐ Yes ☐ No Applicants are required to submit a consent form provided by the College upon acceptance and must be cleared by Carolinas HealthCare System for participation in clinical education. Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation or charges of violation of criminal law? Examples may include, but should not be limited to: driving while impaired, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement etc...

You must notify the Admissions Coordinator or Dean of Student Services of any criminal charge or conviction that occurs at any time after you submit this application.

☐ Yes ☐ No Applicants must be eligible for clinical access at a Carolinas HealthCare System facility. Is there any reason why you would not be eligible for clinical access?

Read, Sign and Date the following statement
I certify that the information provided on this application is accurate, complete and truthful. I understand that any failure to provide accurate, complete, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment. I have read the essential functions of the program to which I am applying and can perform the functions with reasonable accommodations, if warranted. I further understand that I am required to notify the admissions office if I change my email address or other contact information.

*****We cannot accept your application without your signature

Signature of Applicant _______________________________ Date __________________

Parent or Guardian (If applicant is under 18) ______________________________ Date __________________

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