



MASSAGE THERAPISTS

Bio-Touch™ Health Condition Workshop

Registration Form

Welcome to the International Foundation of Bio-Magnetics' (IFBM) Practitioner Training. We are happy that you are here with us today. In order to receive 2 CE Hours (\$5 Certificate fee), as approved by NCBTMB you must attend the entire training and return, at the end of the training, a filled out Evaluation Form.

The IFBM is a non-profit educational foundation whose purpose is to encourage the growth of a person's own self-awareness. This door is opened with a simple touch technique we call Bio-Touch™.

You are encouraged to share, but requested not to reproduce for sale, any materials you receive today including any tapes you might produce. In order to maintain the integrity of the Foundation, Bio-Touch™ and of others practicing this technique, your signature constitutes agreement to the above request and agreement not to misrepresent what you learn today or to claim certain levels of competence without Foundation approval or certification.

Bio-Touch™, "Just Touch"™ and the logo are trademarked and copyrighted by IFBM. You must have prior written approval from the Foundation in order to use any of these items for your cards, flyers or other publicity.

By signing this registration you give IFBM permission to use any photos of you during this class in their marketing of Bio-Touch to the public. This would include but not be limited to Facebook and JustTouch.com

For those interested, there are additional programs that lead to certification by IFBM which authorizes individuals to teach or review Bio-Touch™.

Date: _____

Name: _____
Please Print Signature

Address: _____
Street

City State Zip

Phone: () _____

E-Mail: _____

Office Use Below

Class Coordinator

PREPAID? _____

Member? _____

Amount paid at class: _____

How paid: _____
cash, check, credit

Membership

Entered into computer: _____

Certificate sent: _____

CEU sent: _____

2 CEU
BIO-TOUCH™ HEALTH CONDITION WORKSHOP
MASSAGE THERAPY CONTINUING EDUCATION EVALUATION FORM

Program date: _____ Health Condition _____
 Location: _____

PRINT NAME _____

SIGNATURE _____

INSTRUCTIONS: PLEASE CIRCLE THE ONE NUMBER THAT DESCRIBES YOUR RATING.
 THE RATING SCALE IS:

5 Excellent 4 Very Good 3 Average 2 Fair 1 Poor

1. **ACTIVITY PURPOSE/GOAL**
 The goal of the Bio-Touch program for massage therapists is to provide them with an additional tool in the management of acute and chronic medical conditions. This tool will enhance the effectiveness of the therapist-client interaction, empower massage therapists to assist the client in their healing process and improve therapist and patient satisfaction through the healing power of touch.
 Did the objectives relate to this overall purpose/goal?

5	4	3	2	1
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2. **OBJECTIVES.** Please rate your understanding of each objective:
 - a. Define what Bio-Touch is and how it relates to other complementary healing techniques:

5	4	3	2	1
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 - b. Identify where Bio-Touch is being shared:

5	4	3	2	1
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 - c. Observe the sets of points that are used to address a specific health condition:

5	4	3	2	1
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 - d. Perform each set of points:

5	4	3	2	1
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3. Please rate the Instructor effectiveness

5	4	3	2	1
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4. Teaching methods and aids appropriate and used effectively:

5	4	3	2	1
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5. Physical facilities appropriate:

5	4	3	2	1
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6. Comments or recommendations? (Please use back if needed.)

OFFICE USE ONLY
 Certificate sent this date:

By: