



International Foundation of Bio-Magnetics (IFBM)

Certified Practitioner Agreement

As a Certified Practitioner certified by the International Foundation of Bio-Magnetics (herein called IFBM) you can enjoy the following rights and privileges as long as you are a Certified Practitioner in good standing:

- Present yourself as a "Certified Practitioner."
- Teach the Bio-Touch™ Health Condition & Introductory Workshop.
- Staff a Center or a Facility according to IFBM policy.
- Supervise the hands-on practice of Interns pursuing certification according to IFBM policy.
- Share IFBM programs, re-sell or otherwise distribute Bio-Touch™ educational materials, and use trademarked materials for personal or professional purposes as per this agreement and according to IFBM policy.
- Publicize your Bio-Touch™ related activities in the IFBM newsletter and on the website JustTouch.com according to IFBM policy.
- Have the opportunity to pursue approval for teaching the Bio-Touch Practitioner Training

IFBM may terminate the privileges of any Certified Practitioner who misrepresents Bio-Touch™, the public image and purpose of IFBM or their status in IFBM. Therefore, please read and understand this agreement before signing.

INDEPENDENT CERTIFIED PRACTITIONER

Certified Practitioners are considered to be independent practitioners. There is no employer/employee relationship, partnership or joint venture between IFBM and its Certified Practitioners. Certified Practitioners are responsible for their own liabilities and for paying local, state and federal taxes due on earnings from any work done in this capacity.

PRIVILEGES & RESPONSIBILITIES

- 1) IFBM's commitment is to ensure that Bio-Touch™ is shared with integrity, clarity and accountability by its own representatives, as well as by independent Certified Practitioners worldwide.
- 2) IFBM is committed to communicating with and providing moral and practical support for all Certified Practitioners to enhance the sharing of Bio-Touch™.
- 3) A Certified Practitioner must be a Member in good standing.
- 4) If Bio-Touch™ is practiced in conjunction with other techniques, services or philosophies, the *combination* may not be presented as Bio-Touch™.
- 5) Certified Practitioners are encouraged to hand out "Program Orientation" sheets to their recipients.
- 6) This agreement shall hold effect for one year at which time the Certified Practitioner must apply for continued certification. A review of the Certified Practitioner's proficiency by an IFBM administrator may be required.
- 7) During the year in which this agreement is in force, the terms hereof can be changed only upon the mutual agreement of IFBM and the Certified Practitioner.

ADVERTISING, PROMOTION AND PRESENTATION

Certified Practitioners are encouraged to present and promote their business; however, certain rules must be carefully followed in order to guarantee ethical marketing practices and maintain integrity, clarity and accountability. Violations of these guidelines jeopardize the efforts of all Certified Practitioners, IFBM's image and the sincere trust by the community in IFBM programs. Violation of advertising policy by a Certified Practitioner will result in the termination of certification.

Any publicity utilizing your title as "Certified Practitioner", the IFBM logo, literature and trademarks which includes Bio-Magnetic Touch Healing™, Bio-Touch™, and "Just Touch"™, as well as all translations of IFBM materials, must be created or approved by IFBM before printing or distributing. Publicity includes, but is not limited to: business cards, advertisements, flyers, telephone directory listings, news releases, brochures, websites, etc. in any and all languages.

All IFBM educational and presentation materials including, but not limited to, the instructional manual, video, DVD, brochure and website JustTouch.com are copyrighted © and therefore protected under International Copyright Law. These materials may only be purchased from IFBM and may not be reproduced for sale or distribution by anyone without express written agreement from IFBM.

My signature constitutes acceptance of all conditions of this Certified Practitioner Agreement.

Name as you want it to appear on the certificate (print)

Address

City State Zip

Phone Date of Birth

Email

Signature

Date

Signature IFBM Director or Authorized Delegate

Date

Admin, please date & initial

1) Point Check _____ 2) Cert Sent _____
3) Comp Update _____ 4) Filed _____