Thank you for your interest in adding a new modality for professional membership and insurance with IICT.

This form is intended for IICT Training Providers who are applying for a new modality to be recognised by IICT. Prior to completing this form please visit our website, visit the Approved Modalities list, and cross reference to ensure the modality doesn’t already exist. If it does, please fill out the Existing Modality Application.

To ensure your application is processed as quickly as possible, please adhere to the following:

1. Provide concise, yet detailed responses to *all* of the questions.
2. Handwritten applications will not be accepted.
3. Partial application submissions will not be accepted.
4. Please fill out a separate form for each modality. Applications with multiple modalities per form will not be accepted.
5. Please provide responses in the fields below. **Do not leave any fields blank.** For sections that are not applicable please write N/A.
6. Reference material, such as copies of your qualifications, need to be clear, legible and no larger than 10 MB, per attachment. You can also upload them to a file sharing website such as Google Drive, DropBox or similar.
7. **All documents that are not in English must be officially translated for submission.**

This document is provided to our insurance partner to enable them to assess the risk involved and provide adequate insurance coverage. Answers that are too short or blank will result in us getting back to you to repeat the question(s), substantially lengthening the process. We appreciate your taking the time to provide clear and thorough information.

IICT membership is recognised in 39 countries worldwide; however, international modality recognition is subject to approval of regional insurance partners. This is because each regional provider has a different set of criteria for assessing risk.

When your application is approved you will be notified which countries the modalities are recognised in for professional membership and insurance coverage.

**C H E C K T H E C H E C K L I S T**

* + Application form (one per new modality)
* Any relevant qualifications of founder/instructor as they relate to the modalities you are teaching. Please also upload a resume/CV if relevant
* Teaching qualifications such as Training and Assessment, Diploma of Education, or similar (if applicable)
* Working with children check (if applicable)
* First-aid certificate (if applicable)
* Client/student consent and intake form(s)
* Child consent form (if applicable)
* A detailed outline of your course curriculum including core components, number of hours, assessments, and mode of delivery. You may also like to include your school prospectus
* Training manual(s). An NDA is available upon request
* Copies of any correspondence/licenses from the governing body or copyright owner of a modality to prove you are authorised to teach that modality (if applicable)
* Sample certificate issued to graduates (one per modality). Must include: name of business/school, student's legal name, name of modality, duration of course/# of hours, date & year, instructor/director/principal signature.
* Insurance certificate of currency/proof of insurance, which must list the modalities you are covered to practice and/or teach
* Copies of any correspondence/licenses from the governing body or copyright owner of a modality to prove you are authorised to teach that modality

**B U S I N E S S I N F O R M A T I O N**

|  |  |
| --- | --- |
| Application Date: |  |
| School Name as listed with IICT: |  |
| Name of Applicant: |  |
| E-mail Address: |  |
| Phone Number: |  |
| Website: |  |

**M O D A L I T Y I N F O R M A T I O N**

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| What is the name of the modality **as you want it to be listed with IICT**?  (ex: Yoga, Bowen Therapy, Cupping) |  |
| Out of the following regions, please list the regions where you are teaching this course (EU, UK, US, CA, AU, NZ): |  |
| What category does this modality fall under? **Select from options in comment section.** |  |
| Can you please provide a detailed description /history of this modality? **Refer to example for format. This description will be published on our website. Please use third person and check spelling and grammar.** |  |

**S E S S I O N D E T A I L S**

**This section details what a client would experience during a typical treatment or session.**

|  |  |
| --- | --- |
| Provide a detailed description of what the treatment/therapy session involves? (i.e. step-by-step what a client would experience during a session / treatment) |  |
| Is there any physical contact with the client? If so, please describe the physical contact in detail. |  |
| Will the practitioner prescribe, administer or recommend other supplements, ointments or medicine and if so, elaborate on which supplements or medicine? |  |
| Will they be (legally) qualified/trained to prescribe, administer, recommend these supplements, ointments or medicine? |  |
| Are any equipment or machines used and if so, what equipment or machines? Are they used internally or externally? |  |
| Will practitioners be trained and/ or certified to use this equipment? |  |
| If clients are under the age of 14, will you obtain consent forms from the parents/guardians? |  |

**M I N I M U M T R A I N I N G R E Q U I R E M E N T S**

**This section establishes the minimum training requirements to become a practitioner of this modality.**

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| --- | --- |
| Are there pre-requisite qualification(s) to be able to study this modality with your school? This will help us to establish that your course meets our minimum training requirements.  For example, if you are teaching Reiki II, the pre-requisite would be Reiki I. |  |
| What are the minimum number of hours/course duration to be a practitioner of this modality? |  |
| Mode of delivery: face-to-face, remote or combination? (If combination, please list the percentage of each). |  |
| List the core components, including the duration/# of hours, and mode-of-delivery (face-to-face, online, reading, etc...).  Example:  Anatomy & Physiology = 100 hours  Supervised Clinic Training = 200 hours |  |
| List the assessments each student must complete in order to receive certification (i.e. written assessments, practical assessments, case-studies, etc…) |  |
| Are there different levels in qualifications for this modality?  If so, please state at what level one is considered a practitioner.  Example:  Level 1 – 100 hrs - Foundational  Level 2 – 500 hrs - Practitioner  Level 3 – 1,500 hrs - Teacher |  |
| Is there an accrediting association or professional body? If so, please provide details. (ex: Yoga = Yoga Alliance) |  |
| Is the modality subject to any statutory/government regulation and if so, which? |  |
| Do practitioners/teachers need to be registered with a government authority?  If the answer is yes, this modality would not qualify as it would be considered medical malpractice not to be registered with a government authority. Government regulated modalities cannot be covered by IICT. |  |
| Is the name of the course the same as the modality name? If not, what is the course name on graduate certificates? (ex: if the name of the modality is numerology, but the certificate says Mystical Numbers) |  |

**R I S K M I T I G A T I O N**

**This section helps the insurance provider to assess the risk(s) associated with your modality.**

|  |  |
| --- | --- |
| List detailed provisions that are in place for practitioners and/or students to mitigate any risk involved in practicing/teaching this modality. |  |
| Have you been the subject of a medical malpractice or liability claim in the last five years? If yes, provide details. |  |
| Are you aware of any circumstances that may give rise to a claim against you? If yes, provide details. |  |
| Have there been any external disciplinary proceedings, or have you been subject to a complaint to a professional society or statutory registration board in the last five years? If yes provide details. |  |
| Has any insurer declined a proposal, imposed special terms, declined to renew or cancelled your insurance policy? If yes provide details. |  |

**O T H E R**

|  |  |
| --- | --- |
| Please provide any other useful information that is relevant for reviewing your application (ex: published articles, industry professional testimonials, or any additional information you think is important). |  |

**D I S C L A I M E R**

**I know that by submitting this application, I understand and agree to the following:**

* I agree to the [Terms & Conditions](https://myiict.com/terms-and-conditions/) of IICT.
* I confirm that all information on this form and attached to the application is correct and current to the best of my knowledge.
* I understand it is my duty to tell IICT anything that I know, or could reasonably be expected to know that may affect IICT’s review of my application.
* I understand that any information provided will be kept confidential.
* I understand that it is my duty to inform IICT of any changes in my business and modality during the term, renewal, and extension of my membership. I understand that there shall be no liability on IICT’s part should I forget to do so.
* I will inform IICT of any changes relating to the practice and teaching of this modality, such as course content and delivery, graduate certificate and other relevant changes.
* In the event that a dispute should arise between fellow IICT members and/or clients, the said members shall make every attempt to resolve differences. Where differences cannot be cleared, the said members will seek to find an agreed mediator to facilitate a suitable outcome for all concerned.
* I agree that I have a refund policy in place and displayed.
* I agree to abide by the IICT [Code of Ethics](https://myiict.com/code-of-ethics/).
* I agree to abide by the relevant – if any – association Code of Ethics for this modality.
* I understand my work health and safety requirements and my practice / school is compliant to workplace health and safety laws.
* I confirm I hold an appropriate level of education relating to the modality I am seeking recognition for and where applicable, as determined by the relevant professional association or governing body. I shall maintain my knowledge and professional skills required under the guidelines of the members profession.
* I accept that it is my responsibility to ensure that, if applicable, I am legally qualified to practise the modality I am seeking recognition for and where required, am registered with the appropriate National Board and hold the minimum limit of professional indemnity cover required by such board (i.e. Acupuncture and Chinese Medicine practitioners must be registered with the Chinese Medicine Board of Australia and hold a minimum of AUD 5 million in cover).
* I agree that I will keep my certificate of insurance current and always have appropriate insurance.
* If teaching this modality, I confirm that I and my current and future trainers that I employ hold the correct qualifications to teach this modality and that we practice/teach within the scope of our training.
* If my practice involves working with children, I confirm that I and my current and future practitioners and trainers that I employ, have the correct requirements for my state and hold a current working with children check.
* If my practice involves working with children under 14, I agree to obtain a consent form from the parents or legal care giver(s), consenting to the treatment.
* I am not an undischarged bankrupt and have not assigned my estate for the benefit of my creditors and there are no charges pending against me, which would give rise to any such penalty.
* I am not currently charged of, nor previously convicted of, any serious criminal offences relating to sexual misconduct, assault, grievous harm or fraudulent activity.
* By law, there are specific titles which are referred to as ‘protected titles.’ This means that only those people who are registered, or endorsed, in a particular profession can use the titles associated with that profession. This may require the practitioner to obtain Licensing and or Registrations required by a regulatory authority. As a Training Provider, you warrant to IICT that as part of your approval you are aware of any Licenses and/or Registrations required by law in the regions whereby you are teaching your courses. You also must obtain and maintain and must ensure that every person employed or engaged by you to facilitate the provision of services/modalities holds any and all valid License(s) and/or Registration(s) required by any regulatory authority within the region or territory in which you/they practice and completes as required by any regulations such course(s) of Continuing Professional Development (CPD) as are required for the renewal and continued validity of such License(s) and Registration(s).
* If I fail to comply with the above, IICT may be entitled to cancel my membership or revoke my Approved Training Provider status without assigning any reason.