

# Touch for Health Proficiency Assessment

This page to be forwarded to the IKC or approved affiliated association.

*(Cette première page sera envoyée à IKC ou à une association approuvée et affiliée.)*

The student is to complete the first section.

*(L'élève remplit la première partie du document.)*

## PREREQUISITE COURSES

Course	Date	Instructor	City (Lieu)
TFH 1	_____	_____	_____
TFH 2	_____	_____	_____
TFH 3	_____	_____	_____
TFH 4	_____	_____	_____

Family Name: ..... First Name: .....

Address: .....

City/State/PC/Country: .....

Phone: ..... Fax: ..... Email: .....

I give permission to have my name published on the TFH web page: yes  no

*(J'autorise la publication de mon nom sur le site internet du TFH.)*

My address can be given to interested people in kinesiology circles: yes  no

*(Mon adresse peut être distribué aux personnes intéressées, dans le milieu de la kinésiologie.)*

Signature: ..... City/date: .....

This section is to be completed by your TFH Instructor if possible.

As an IKC Registered TFH Instructor, I confirm that this student has shown that he/she is able to do a TFH balance and has sufficient knowledge of muscle testing.

*En tant qu'instructeur-trice certifié-e du TFH, je confirme que cet-te élève a démontré qu'il-elle est capable d'effectuer une équilibration TFH et a une connaissance satisfaisante du testing musculaire.*

Instructor's Family Name: ..... First Name: .....

Signature: ..... City/date: .....

TFH Proficiency Assessor can sign if necessary.

This section is to be completed by the Assessment Examiner.

This student has passed the TFH Theory Assessment with the result of:.....%

..... Correct points out of 60 (pass mark must be at least 75% = 45 questions correct)

Proficiency Assessor's Name: .....

Signature: ..... City/date: .....

This student has successfully completed the TFH Student workbook showing competency for an extra 60 hours of category A accreditation. Signed .....Proficiency Assessor  
\$60 enclosed for certificates. **NO WORKBOOK AVAILABLE IN FRENCH**

## Evaluation Touch for Health Assessment

This page and the assessment pages are to be retained by the TFH School Faculty. Please print clearly.

History	TFH1	TFH2	TFH3	TFH4	Ethics
A1 <input type="checkbox"/>	B1 <input type="checkbox"/>	C1 <input type="checkbox"/>	D1 <input type="checkbox"/>	E1 <input type="checkbox"/>	F1 <input type="checkbox"/>
A2 <input type="checkbox"/>	B2 <input type="checkbox"/>	C2 <input type="checkbox"/>	D2 <input type="checkbox"/>	E2 <input type="checkbox"/>	F2 <input type="checkbox"/>
A3 <input type="checkbox"/>	B3 <input type="checkbox"/>	C3 <input type="checkbox"/>	D3 <input type="checkbox"/>	E3 <input type="checkbox"/>	F3 <input type="checkbox"/>
A4 <input type="checkbox"/>	B4 <input type="checkbox"/>	C4 <input type="checkbox"/>	D4 <input type="checkbox"/>	E4 <input type="checkbox"/>	F4 <input type="checkbox"/>
A5 <input type="checkbox"/>	B5 <input type="checkbox"/>	C5 <input type="checkbox"/>	D5 <input type="checkbox"/>	E5 <input type="checkbox"/>	F5 <input type="checkbox"/>
A6 <input type="checkbox"/>	B6 <input type="checkbox"/>	C6 <input type="checkbox"/>	D6 <input type="checkbox"/>	E6 <input type="checkbox"/>	F6 <input type="checkbox"/>
A7 <input type="checkbox"/>	B7 <input type="checkbox"/>	C7 <input type="checkbox"/>	D7 <input type="checkbox"/>	E7 <input type="checkbox"/>	F7 <input type="checkbox"/>
A8 <input type="checkbox"/>	B8 <input type="checkbox"/>	C8 <input type="checkbox"/>	D8 <input type="checkbox"/>	E8 <input type="checkbox"/>	F8 <input type="checkbox"/>
A9 <input type="checkbox"/>	B9 <input type="checkbox"/>	C9 <input type="checkbox"/>	D9 <input type="checkbox"/>	E9 <input type="checkbox"/>	F9 <input type="checkbox"/>
A10 <input type="checkbox"/>	B10 <input type="checkbox"/>	C10 <input type="checkbox"/>	D10 <input type="checkbox"/>	E10 <input type="checkbox"/>	F10 <input type="checkbox"/>
Points	Points	Points	Points	Points	Points

Total points out of 60: .....

Result as .....%

The student is to complete the following after verifying the results.

*(Après avoir vérifié les résultats, l'élève remplit cette partie du formulaire)*

Family Name: ..... First Name: .....

Date: ..... Place of test: .....

Student signature : .....

Faculty/TFH Proficiency Assessor: .....