



APPLICATION FOR TKM® PROVIDER

Full Name of provider: _____

Name of practice or business: _____

Address of practice: _____

City: _____ State: _____ Zip code: _____

Country: _____ Additional info: _____

Contact Phone (to be listed): _____ Mobile ____, Office ____, Home ____

Additional phone (not for listing): _____ Mobile ____, Office ____, Home ____

Email: _____, Website: _____

Are you a current TKM-Talk member? Yes ___ / No ____.

If not, Why? _____

TKM® Education

List all TKM® classes completed, include Year, Month (optional), Location, Instructor, and Source (live in-person, DVD, Online). Also list all repeated classes, special topic classes, study groups, lectures, etc.

Example 1: 1st class - Levels 1&2; 1995; January; Dallas, TX; Dr. King; Live at King Institute office Example 2: EMT; 1996; Denver, CO; Dr. King; Live at Airport hotel
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

If more space is needed for a complete list, include another sheet/copy.

DOCUMENTATION

Documentation to be scanned or digitized and attached to this application, or mailed.

1. Include documentation or evidence of TKM® trainings (attach as “**Documents A**”).
2. Include documentation of degrees, certifications, licenses and other special training (attach as “**Documents B**”).
3. Describe the nature of your practice (what services offered, such as TKM®, Medical, Nutritional Consultation, Chiropractic, Massage, Other body or energy work, etc.): _____

4. How many years providing TKM®?: _____

5. How many years in practice of other services listed above?: _____

6. List names of others who may be involved in the practice who may be providing services directly to clients. Documentation of their qualifications should also be provided along with a description of the services they might be providing (attach documentation as “**Documents C**”). List names and service descriptions:

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

If more space is needed attach to front of “**Documents C**”. Continued on page 3.

Page 3.

Note: An example and suggestion of use for clients (if applicable):

A disclaimer advising clients that on occasion interns who were in training might be involved in TKM® therapy. Included was a copy of requirements for internship which identified minimum levels of TKM® training necessary for participation as an intern. Example: Levels 1-4, Self Help and EMT along with required hours of practice are the minimum required for someone to intern in the office. The intern agreement included a requirement that the intern complete Levels 5-7 and a Pulses class within 18 months. Professionalism has requirements.

Professional References

7. Professional References: Preferred written “letters of reference” signed and dated with contact information. Scanned or digitized and attached as **“References Documents D”**.
8. Testimonies from Clients/patients (Written by the person giving the testimony): Signed and dated with contact information provided. Scanned or digitized and attached as **“Testimony Documents F”**.

Full Disclosure Description

9. The agreement below is for a vital understanding that in complying with this full disclosure agreement that the client/patient is protected from confusion and discontent in services inquired for, plus your integrity and reputation with clients referred by King Institute, plus directly with King Institute and you, as well as your assistants (if applicable). This agreement includes applying to any and all others who may be providing services to referred clients, since you are responsible for them and their actions or lack of proper actions.

Full Disclosure Agreement

I _____ hereby with my signature agree that I will fully disclose the nature of the services I provide in writing to any client/patient referred to me or who seeks me out as a result of my being identified as a provider of TKM® on the King Institute website or any publication, or directly. I further commit to answering the clients questions regarding any protocol recommended and how TKM® will be used in that protocol. I further agree that I will provide TKM® consistent with the training and techniques I have learned through King Institute, LLC and the certified instructors who provided that training.

10. We will do all we can to promote and edify all approved TKM® Providers. We expect the same in return. We will also not engage in comparisons, preferences, or any derogatory comments or innuendos to clients about any listed TKM® Providers, and expect the same from you concerning other providers, King Institute and staff.

11. For additional information or comments you desire to include, please include here or attach as **“Extra Documents G”**. _____

Please send everything together to: email: tki@kinginstitute.org or mail to address below. If emailed, please verify that we received it.

Once Approved as a TKM® PROVIDER

12. Please provide the information on page one like you desire it to be listed. If different, then provide the listing contact information here: _____

NOTE: There will be a recurring automatic monthly fee of only \$9.00. This not only includes the main website listing on a dedicated and promoted page for TKM® Providers, but all resources for our advertising, plus direct referrals from clients, classes and lectures to emails and phone calls. The recurring fee also includes opportunities to update any change in contact information or any other information provided on the initial application without an additional upload fee (below).

There will be a one time only fee of your initial listing/advertising to upload your information on our system. The one time upload fee is \$99.00

This is the most credible TKM® Provider resource for advertisement and referral for the lowest cost.

Once you are approved you will be contacted concerning start date and payment (credit, debit or draft). After a two year period you can inquire to negotiate the recurring fee amount.

Send this application and all related documentation to: **tki@kinginstitute.org**

Subject line to read: **TKM Provider Application**

Or, Mail to: **King Institute LLC 7651 Main Street #100, Frisco, Texas 75034**

Attention: **TKM Provider Application**