

# The International Center for Reiki Training

## Licensed Reiki Master Teacher Program

### Questionnaire

This questionnaire is for those who want to apply to the Licensed Reiki Master Teacher (LRMT) training program.

Requirements: In order to fill out this questionnaire, you must have the following qualifications.

1. You must be a Professional member of the Reiki Membership Association for at least one year.
2. You must have carefully read the LRMT Program Manual and be in agreement with all the requirements. To download the manual, click this link: [LRMT Program Manual](#)
3. You must have taken all of our Reiki classes from one of our LRMTs at the Holy Fire II level.
4. You must have taught Reiki classes for at least 2 years.
5. You must have attended the Licensed Teacher meeting at the ICRT retreat.

If you have these requirements, and would like to apply to the LRMT program, please fill out and sign this questionnaire and email it to Colleen Benelli at [colleen@reikilifestyle.com](mailto:colleen@reikilifestyle.com) or Karen Harrison at [karen@karenharrison.net](mailto:karen@karenharrison.net).

First \_\_\_\_\_ Last \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Website \_\_\_\_\_

6. I have carefully read the Licensed Teacher Training Program Guidelines and Benefits manual and am in agreement with all the requirements. Y N
7. I have been a Professional member of the RMA for at least 1 year. Y N
8. I have taken all of the ICRT Reiki classes from a LRMT at the Holy Fire II level. Y N
9. I have taught Reiki classes for at least 2 years. Y N
10. Date of your Reiki I training \_\_\_\_\_ Teacher's Name \_\_\_\_\_
11. Date of your Reiki II training \_\_\_\_\_ Teacher's Name \_\_\_\_\_
12. Date of your ART/Master training \_\_\_\_\_ Teacher's Name \_\_\_\_\_
13. Date of your Karuna Reiki Master training \_\_\_\_\_ Teacher's Name \_\_\_\_\_
14. I give Reiki sessions Y N . If yes list the average # per month for in person, and distant session of at least 45 minutes each for the past year. \_\_\_\_\_
15. Please list the type of classes you have taught and how many of each class taught during the last year.

Also list the total number of students you have taught in the last year. \_\_\_\_\_

How many years have you been teaching Reiki? \_\_\_\_\_

How many total classes have you taught, counting Reiki I and II as one class and Advanced Reiki Training and Reiki Master as one class? \_\_\_\_\_

16. As a Licensed Reiki Master Teacher, I want to teach Part time    Full time    Part time leading to full time
17. How much time per month do you spend promoting your Reiki Practice. \_\_\_\_\_
18. Have you attended the Licensed Teacher meeting at the ICRT Retreat to acquaint yourself with the program and meet the other licensed teachers? Y    N    date attended \_\_\_\_\_
19. Will you be able to pass a background and credit check? Y    N
20. Usui/Holy Fire Reiki is an evolving system. Do you agree to take future upgrades? Y    N
21. Please provide your FB page url \_\_\_\_\_ and your website address \_\_\_\_\_.
22. I have been completely accurate and honest in filling out this form. Y    N

Signature

Date