



Continuing Competency Course Evaluation Request

Please print all information clearly.

Submission Date: _____

Submitted By:

RMTA Member

Name: _____

Association Number: _____

Email: _____

Telephone Number: (_____) _____

Facilitator / Instructor

Name: _____

Mailing Address: _____

Email: _____

Telephone Number: (_____) _____

Course Information:

Course Name: _____

Name of Instructor: _____

Course Date (s): _____

Course Location (s): _____

Registration Information: Email Address: _____

Website Address: _____

Telephone Number: (_____) _____

Documentation Required:

- Hourly outline of course length, including lunch and breaks for all days
- Detailed outline of course, including what the participants are taught, what they will learn, clinical skills after completion, and any additional skills learned throughout the course
- Instructor biography / CV that clearly outlines expertise and education to adequately teach this course
- Course description (maximum 500 words) for public posting on website

Comments for Course Consideration:

<u>RMTA Use Only</u>
Date Approved: _____
Name of Evaluator: _____
Contact Hours: _____
Approved Credits: _____
<input type="checkbox"/> Primary
<input type="checkbox"/> Secondary
<input type="checkbox"/> Personal Development