



Continuing Competency Course Evaluation Request

Please print all information clearly.

OFFICE USE ONLY

Date Approved: _____

Credits: _____

Evaluated By: _____

Modality: _____

- Primary
- Secondary
- Personal Interest
- Online

Submission Date: _____

Submitted By:

CMMOTA Member

Name: _____

Member Number: _____

Email: _____

Telephone Number: (____) _____

Facilitator / Instructor

Name: _____

Mailing Address: _____

Email: _____

Please check here if student will receive a Certificate or Letter upon completion

Telephone Number: (____) _____

****** Please note we require ALL requested information. If all information is NOT provided we will be unable to assess the course. ******

Course Information:

Course Name: _____

Name of Instructor: _____

Course Date(s): _____

Course Location(s): _____

Total Hours of Course: _____

Registration Information: Email Address: _____

Website Address: _____

Telephone Number: (____) _____

Teaching Experience: (please check mark all that apply)

- TA Experience Assisted with a minimum of 3 classes
- 8 years in Education / Practice / Teaching
- Minimum of 5 years' Experience in the appropriate modality CEC in that Field
- Bachelor's degree

Please provide:

- Certificate of License (massage) Registration with your Association
- Proof of Certifications: (Please list all instructors for each course and attach their bios below)

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**
- Contraindications/ Safeties**

Payment:

Effective May 14, 2019 all Course Evaluation Requests are subject to a fee of \$30.00 per course. This fee **MUST** be paid **PRIOR** to the course being submitted for approval.

Payment: Please E-Transfer to payments@cmmota.com and make the security answer **membership**. Please contact our office to arrange another form of payment.

I, the undersigned, declare that the information provided and statements made in this application and any attached documents are true.

Signature: _____ **Date:** _____

Comments for Course Consideration:



CANADIAN MASSAGE & MANUAL OSTEOPATHIC THERAPIST ASSOCIATION

Continuing Education Guidelines for Teachers

Teachers or Teacher Assistants

Qualifying:

- Teaching at a recognized massage therapy program
- 6 credits per year to a maximum of 18 credits per 3 year cycle
- Credits cannot be carried forward to the next cycle.

Requirements:

- Annual letter from the educational institution required stating:
 - Instructor's Name
 - Course Name
 - Dates of course
 - Signed by authorized official

Workshop* Instructors

*First Aid Instructors are considered part of Workshop Instructors and would adhere to the same guidelines.

Qualifying:

- Workshop is considered by CMMOTA to be a Primary or Secondary massage workshop
- A minimum of 6 hours of instruction time
- A minimum of 3 participants
- 6 credits per workshop to a maximum of 18 credits per 3 year cycle
- Credits cannot be carried forward to the next cycle.

Requirements:

- Completion and submission of "Continuing Competency Course Evaluation Request" form
- Attendance sheet of participants for each workshop instructed
- Submission of a copy of the certificate that participants receive upon completion of the workshop

Practicum Supervisors and Mentors

Qualifying:

- Student must come from an educational institution recognized by the CMMOTA
- 3 credits per student to a maximum of 12 credits per 3 year cycle
- Credits cannot be carried forward to the next cycle.

Requirements:

- Letter from the student's educational institution stating:
 - Program Information
 - Institution name and address

- Program name
- Program dates (start to end)
- Accredited hours
 - Total program hours
 - Practicum hours

- Student Information
 - Student name
 - Student's association and membership number
 - Practicum Information

- Business name and address
 - Supervisor's name
 - Supervisor's association and membership number
 - Signed by an Authorized School official



CANADIAN MASSAGE & MANUAL OSTEOPATHIC THERAPISTS ASSOCIATION

Continuing Education Guidelines for New Courses for Instructors

New Course Guidelines and Checklist

Qualifying: Course development instructor must meet TWO or more of these listed credentials

- 8 years minimum in education, practice or teaching experience or combination of each
- Letters of support from reputable Colleagues
- Bachelor of Education
- Instruction is at a level that advances the basic education RMT'S at entry-to-practice level
- Instruction is considered a refresher from the standard 2200 Hour diploma with proper references and without copyright infringement

Requirements:

- Course information
 - Course Name
 - Detailed Course Outline and Content
 - Descriptive Course Material (Handouts)
 - Dates of Course
 - Learning Outcomes
 - Schedule
 - Contraindications and Safeties
 - Assessments used to ensure that learning outcomes are met (quiz's/other)
- Instructor Information
 - A list of all instructors who will be teaching the course
 - Resume of all instructors
 - Proof of certifications qualifying instructors
 - Proof of registration of instructor to an Association
- Specification of Instructors to Students Ratio

*

- * All of the information provided is accurate
- * New applicants will provide a submission with ALL of the requested documents
- * If an application is submitted and not complete, applicants will be fined \$25.00