



Appendix 22 Member CEC Course Evaluation Form

PLEASE NOTE We require ALL requested information. If all information is NOT provided, we will be unable to assess the course. *

Member Name: _____

Member #: _____

Certificate or Letter attached (if course has been completed).

Course Information:

Course Name: _____

Name of Instructor/Institution: _____

Course Date(s): _____ Course Location(s): _____

Total Hours of Course: _____ ***including all theory & practical hours***

Course Provider Email Address: _____

Website Address: _____

Course Provider Telephone Number: _____

DISCLAIMER - Should the Association (CMMOTA) choose to recognize this course as value for continuing education credits, it does not mean that any professional liability insurance provider will recognize the course as substantive for providing coverage for the practice of a modality or technique which may be attained within the training received. Further, the Association (CMMOTA) shall hold no responsibility nor liability for the content or accuracy of information which may be presented through this continuing education course, nor is approval of continuing education credits to be taken as an endorsement of the continuing education course, nor does any material presented through the continuing education course necessarily represent the views, values, or mission of the Association (CMMOTA).

FOR OFFICE USE ONLY	
Date Approved _____	
RMT	MOT
Credits _____	Credits _____
CEC Class:	CEC Class:
<input type="checkbox"/> Professional Skills	<input type="checkbox"/> Professional Skills
<input type="checkbox"/> Complementary Training	<input type="checkbox"/> Complementary Training
<input type="checkbox"/> Personal Interest Training	<input type="checkbox"/> Personal Interest Training