CANADIAN MASSAGE & MANUAL OSTEOPATHIC THERAPISTS ASSOCIATION



FOR OFFICE USE ONLY

<u> Appendix 23 – Course Developer CEC Course Evaluation</u> <u>Form</u>

| ***PLEASE NOTE We require ALL requested inform | Date Approved | | | | | |
|---|-----------------------------|-------------------------------|--|--|--|--|
| nformation is NOT provided, we will be unable to a | | RMT | MOT | | | |
| course. **** Please print all information clearly. | | Credits | Credits | | | |
| Submitted By: | | CEC Class: | CEC Class: | | | |
| Name: | | Online Complementary | Professional SkillsOnlineComplementary | | | |
| | Training Personal Interest | Training □ Personal Interest | | | | |
| Email: | | Training | Training | | | |
| Felephone Number: | | | | | | |
| Mailing Address: | | | | | | |
| | | | | | | |
| | | | | | | |
| Course Information: | | | | | | |
| Course Name: | | | | | | |
| Name of Course Developer: | | | | | | |
| Course Date(s): (| Course Location(s) | : | | | | |
| otal Hours of Course: ***including all theory & practical hours** | | | | | | |
| Specification of Instructor to Student Ratio (for in-perso | n or live-online ins | struction): | | | | |
| Course Registration Information: | | | | | | |
| Email Address: | | | | | | |
| Website Address: | | | | | | |
| Геlephone Number: | | | | | | |
| Teaching Experience: (please check ALL that apply for proof with submission of this form) | the course devel | oper listed above, a | nd attach | | | |
| \Box TA Experience \Box Assisted with a minimum of 3 | classes \square | CEC in the field of s | study | | | |
| \square 8 years experience in Education/Practice/Teaching [| ☐ Bachelor's Deg | ree related to field o | of study | | | |
| \square Minimum of 3 year's Experience in the field of study/i | modality | | | | | |
| \square Certified by the National Certification Board for Thera Provider for Continuing Education or similar body pertain | - | ="" | Approved | | | |

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| <u>Additional</u> | Documentation | Required |
|-------------------|----------------------|----------|
| Please Pro | vide: | |

| ☐ Proof of Certification(s) related to field of study: (Please provide copies of the course developer's certifications related to the course) |
|---|
| \Box Course Developer Biography / Resume that clearly outlines expertise and education to adequately teach this course, along with any certifications that support the training obtained to be teaching this course. |
| ☐ Contraindications & Safeties a full list is required. |
| \square Hourly outline of course length, including lunch and breaks for all days |
| \Box Detailed description of course , including what the participants are taught, what they will learn, clinical skills after completion, any additional skills learned throughout the course, and method of learner evaluation. |
| \square Sample copy of the Certificate of Completion this is for insurance purposes only and to ensure we have the correct name for the course. |
| Course Developer Continuing Education Credits Evaluation Requests by members are subject to a fee of \$35 or by non-members are subject to a fee of \$70 per course as prescribed in the <i>CMMOTA Fee Schedule</i> . This fee MUST be paid PRIOR to the course being reviewed for approval. If the course is approved for CEC's, you will receive the opportunity for a one time complementary 250-character advertisement in the classified section of our monthly CMMOTA Knead to Know members newsletter. |
| Dayment: |

<u>Payment:</u>

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

Additional Comments for Course Consideration:

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).

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Continuing Education Guidelines for New Courses for Course Developers

New Course Guidelines and Checklist:

| Qual | <u>fyıng:</u> | Course | <u>Develop</u> | <u>er must</u> | : meet | ONE | (1) | of ti | nese | listed | cred | <u>entials </u> | <u>(please</u> | <u>attach</u> |
|-------|---------------|---------|----------------|----------------|--------|--------|-----|-------|-------|--------|------|--|----------------|---------------|
| proof | <u>:):</u> | | | | | | | | | | | | | |
| | □ Mu | st have | Three (3 | 3) years | of pro | fessio | na | l pra | ctice | relate | d to | the spe | ecific fie | eld of |
| | | | | | | | | | | | | | | |

| study <u>AND</u> must have Educational Certification with a minimum of two (2) completed courses related to the specific field of study. |
|--|
| ☐ Must have Three (3) years of professional practice related to the specific field of study AND must have two (2) letters of support from reputable Colleagues (aka Peer Review) |
| ☐ Must have Education Certification with a minimum of two (2) completed courses related to the specific field of study AND must have two (2) letters of support from reputable Colleagues (aka Peer Review) |
| \square Eight (8) years of Professional Practice related to the specific field of study/modality (Letter of Good Standing from Association OR Certificates of Association Membership accepted as proof) |
| \Box Educational Certification with a minimum of three (3) completed courses related to the specific field of study (modality), one (1) of which includes some sort of training to be a workshop facilitator |
| \square Has been certified by the National Certification Board for Therapeutic Massage and Body Work as an Approved Provider for Continuing Education (US Designation) |
| ☐ Recognized in the field of study as an expert (only for courses not classified as technique/modality/refresher in nature) |

* Please ensure all the information provided is accurate.

Last Updated: November 14, 2023