



# MTAS Continuing Education – Course Provider Application

Scope of practice: To assess and treat the soft tissues and joints of the body, with the intent of producing a therapeutic outcome.  
To promote rehabilitation and/or prevent or reduce physical dysfunction and pain in the soft tissues and joints.  
To maintain and enhance health.

## CONTACT INFORMATION

Name of organization: \_\_\_\_\_

Name of applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

## COURSE INFORMATION

Name of course: \_\_\_\_\_

Proposed date(s) and location(s) of training: \_\_\_\_\_

Total hours of training (excluding lunch and breaks): \_\_\_\_\_

**Please provide detailed information on the following, in the order listed:** (\* If this information is not provided, application will be returned to provider).

1. Proposed course content
  - \* **Program content - provide a detailed breakdown of time spent of each part of the program (lesson plan).**
  - Learning outcomes - list outcomes in behavioural/measurable terms (which are attainable, can be evaluated, and relate to the scope of practice).
2. Presenter list and biography
  - \* **Presenter's specific qualifications for teaching this course, including theoretical background.**
  - List presenters for each topic/content area.
  - Include work experience in chronological order, summary of qualifications and professional memberships, for each presenter.
3. Teaching strategies
  - List strategies/methods used.

## PAYMENT

Assessment fee is **\$100.00+GST per course** (\$105.00). Visa, MasterCard, cheque. Full payment must accompany application.

Cheque [ ] Cheque #: \_\_\_\_\_

Visa/MasterCard [ ] Card #: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Total payment: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

**Please submit copies of all documentation to the MTAS office, along with payment in the amount of \$105.00 per course. Allow up to 8 weeks for completion of the assessment process.**

<b>FOR OFFICE USE ONLY</b>			
Date received: _____			
Reviewed by: _____		Date: _____	
Approved	Not approved	Primary credits: _____	Secondary credits: _____