

## CONTINUING EDUCATION – COURSE PROVIDER APPLICATION

MTAS has always held the position that the continued competency of our members is of the utmost importance to the protection of the public, and our membership requirements specify that RMTs complete on-going continuing education to remain members in good standing.

Approved continuing education providers are individuals or groups who have demonstrated the ability to design, implement and evaluate continuing education programs for RMTs. Course approval is required before RMTs can report continuing education credits for completion of their competency requirements. The continuing education material submitted should relate to the MTAS scope of practice and contribute to the professional development of the RMT.

### Scope of Practice

*“The practice of massage therapy is the assessment of the soft tissue and joints of the body, and the treatment and prevention of physical dysfunction and pain of the soft tissues and joints by mobilization and other manual methods to develop, maintain, rehabilitate or augment physical function, or relieve pain.”*

### Application Requirements

- A separate application form must be completed for each course being submitted.
- Incomplete applications will not be accepted and will be returned without being reviewed.
- Course approval lasts for 5 years from the approval date; re-evaluation is required every 5 years.
- After receiving approval, any changes to the course content must be reported to MTAS within 30 days.
- Approved course providers agree to supply each participant a certificate of completion, which will include the participant name, completion date, number of hours/credits, course title and the signature of the provider.
- Providers agree to include on their website and course materials: *“This course is approved by MTAS for xx credits.”*

### Review Process

The MTAS Competency Committee will review all submissions. If there are additional questions about your application, you will be contacted and asked to provide any additional information or clarification needed for the evaluation to be completed. Meetings are held four times each year – March 1<sup>st</sup>, June 1<sup>st</sup>, September 1<sup>st</sup> and December 1<sup>st</sup>.

Applications must be properly formatted and submitted to the MTAS office at least 1 week prior to the meeting date to be placed on the agenda. Please allow up to 4 weeks for completion of the evaluation process.

- **We prefer to receive submissions via e-mail** as we use a virtual meeting space and the documents are uploaded for review.
- If the application is for an on-line or self-study module, **please provide a user account and log-in details** to enable the committee members to review the materials from the student’s perspective.

1 hour of learning = 1 credit. Credits are awarded in either primary (within scope of practice) or business categories, according to the subject matter. On occasion, partial credits may be awarded if the entire course does not meet the requirements of the MTAS competency policy.

Correspondence will be sent via e-mail to the applicant upon completion of the evaluation, with information regarding whether the course was approved for credits.

### Information for Instructors

All instructors must submit a comprehensive and current resume – see Page 4, Section 4.

1. **Instructors who are massage therapists in Canada** must submit documentation showing that they have successfully completed an Entry to Practice Examination from either their provincial Association or the regulatory College of which they are a member. If the instructor has not completed an Entry to Practice Examination, the course evaluation process will place more emphasis on the content as related to the *Inter-Jurisdictional Practice Competencies and Performance Indicators for Massage Therapists at Entry-to-Practice* (IJCP) document.
2. **Instructors who are massage therapists outside of Canada** must submit documentation showing that they have successfully completed the highest level of massage therapy education in their jurisdiction.
3. **Instructors who are not massage therapists** must submit confirmation that they are a member in good standing with their own professional governing body. University or post-secondary College instructors should submit a letter from their department head confirming their subject area and length of tenure.

**MTAS guarantees that all materials submitted will be held in confidence and that only office staff and members of the review committee will have access to them.**

### Provider Contact Information

Surname		First Name		<input type="checkbox"/> Mr	<input type="checkbox"/> Ms
				<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr
Street			City/Town		
Province/State	Postal/Zip Code	Country	Area Code	Daytime Telephone	
E-mail Address			Website		

### Course Information

Name of Course (exactly as written on certificate of completion)	
Course Information Website	
Course Date(s)	Hours of Training (excluding lunch and breaks)
Course Delivery Method	
<input type="checkbox"/> In person, practical technique based	<input type="checkbox"/> Lecture + practical demonstration
<input type="checkbox"/> Lecture	<input type="checkbox"/> Conference
<input type="checkbox"/> Paced on-line course (completion of modules required for progression)	<input type="checkbox"/> Interactive webinar
<input type="checkbox"/> DVD or books, with home study guide	<input type="checkbox"/> University course delivered on-line
<input type="checkbox"/> Other (specify details) _____	

### Please provide detailed information on the following:

1. If this course is already approved by the CMTO, CMTBC or CMTNL, please indicate the date of approval, credit category and number of credits awarded, and include a copy of the approval letter with your application. MTAS will grant automatic approval in this case; but we do still require the complete application materials for reference purposes.
2. **Curriculum – provide an hourly breakdown** of the time spent on the program (this is your lesson plan), including answers to these questions:
  - a. WHAT is this technique/modality assessing or treating?
  - b. HOW is this technique/modality performed?
  - c. WHY is this technique/modality used?
  - d. Explain and provide references for the evidence-base for this learning opportunity.
  - e. Indicate the number of hours spent on theoretical learning and on experiential or application learning.
  - f. Is there a prerequisite level of education or training required to take this course? If so, please outline the subjects and/or courses and the level of prior learning required.

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- g. Discuss contraindications and strategies for risk management, if applicable.
- h. How are participants evaluated on their understanding of the material? If there is a formal examination process, what is the minimum mark for a passing grade?

### 3. Objectives and intended learning outcomes

- List course objectives and learning outcomes in measurable terms (i.e. which are attainable, can be evaluated and that relate to the scope of practice.)

### 4. Reference material and presenter information

- Attach a current resume for each presenter, including work experience, qualifications for teaching this material and professional credentials and affiliations. This should demonstrate that they possess sufficient skills, knowledge and abilities in the area pertinent to the course content they are intending to deliver.
- List all reference materials used (DVDs, books, manuals, journal papers etc.)
- Attach a copy of any student handouts and course materials.

### 5. Teaching strategies

- List the methods used to deliver the course materials.

## Payment Information

The assessment fee is \$100.00 + GST. If you are sending in multiple courses in the same package, the fee applies once only, not per course. Visa, MasterCard or cheque – full payment must accompany the application.

Cheque #	Visa or MasterCard #	Expiry Date	CVC
Signature of card holder to authorize payment		Amount \$	

## Provider Attestation

In submitting this application for approval, I attest that all information and materials provided are accurate and truthful and that I am the legal owner of the material provided. I understand that if approved, all MTAS members will be eligible to receive continuing education credits for completion of the course and that I am responsible to provide appropriate verification of completion to each participant. I have reviewed the application requirements and agree to all terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date Received	Reviewed By	Review Date
Not approved: reason _____ Approved: Primary Credits _____ Business Credits _____		

### Submit completed application to:

Massage Therapist Association of Saskatchewan Inc., #22-1738 Quebec Avenue, Saskatoon, Sask. S7K 1V9  
 Tel: 306-384-7077 Fax: 306-384-7175 E-mail: [mtas@saskmassagetherapy.com](mailto:mtas@saskmassagetherapy.com)