

CONTINUING EDUCATION – MEMBER APPLICATION FOR CREDIT EVALUATION

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 in order to remain in good standing.

Course approval is required before members can report primary continuing education credits for completion of their competency requirements. Note that if you do not seek pre-approval from the MTAS Continuing Education Committee prior to undertaking study, MTAS will not be responsible for the material not being approved for credits. The Committee reserves the right to refuse to grant credits for inappropriate/out-of-scope subject matter. The continuing education material submitted should be within the MTAS scope of practice and contribute to the professional development of the RMT.

Please ensure that this form is submitted for each primary level course/workshop/learning opportunity for which you are requesting credit approval.

MTAS 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 typed or printed application form must be completed for each course being submitted. Handwritten notes are unacceptable.
- Incomplete applications will not be accepted and will be returned without being reviewed.
- After receiving approval, any changes to the course content must be reported to MTAS within 30 days.

Review Process

The MTAS Competency Committee will review all submissions. If there are 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 1st, June 1st, September 1st and December 1st.

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. On occasion, partial credits may be awarded if the entire course does not meet the requirements of the MTAS competency policy or if it is not fully within the scope of practice.

Correspondence will be sent via e-mail to the applicant upon completion of the evaluation, with information regarding whether or not the course was approved for credits.

CONTINUING EDUCATION – MEMBER APPLICATION FOR PRIMARY CREDIT EVALUATION

MTAS Member 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

Course Name	Course Instructor Name
Course Information Website	Instructor Contact Info. (phone or e-mail)
Course Date(s)	Hours of Training (excluding meals, breaks or social activities)
Course Delivery Method	
<input type="checkbox"/> In person, hands-on/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 or videoconference
<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. **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.
 - 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?

2. Objectives, learning outcomes and expectations

- 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.)
- Why did you choose this course?
- What were your expectations from this course? Did this course meet your expectations? Why or why not?
- Explain how this information has been, or will be, beneficial and relevant to your practice and the profession of massage therapy.
- Would you recommend this material to other therapists? Why or why not?

3. 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.

4. Teaching strategies

- List the methods used to deliver the course materials. Include any handouts provided.

Payment Information

The assessment fee is \$35.00 + GST. Visa, MasterCard or cheque/money order – full payment must accompany the application.

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

Member Attestation

In submitting this application for approval, I attest that all information and materials provided are accurate and truthful. I understand that if approved, I will be eligible to receive continuing education credits for completion of the course and that I am responsible to provide appropriate verification of completion. 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 with payment to:

Massage Therapist Association of Saskatchewan Inc., #22-1738 Quebec Avenue, Saskatoon, Sask. S7K 1V9
Tel: 306-384-7077 Fax: 306-384-7175 E-mtas@saskmassage.com