



MTAS Continuing Education - Mentoring Form

Under the MTAS Continuing Education Policy and Guidelines, mentoring or supervision is defined as an activity in which a massage therapist or student observes and works with another health professional to obtain a better understanding of other modalities or to learn new techniques.

A mentoring agreement must be in place between the mentor and mentee, outlining details of subject matter to be covered each day, along with expectations and learning outcomes.

Submit these forms as completed to ensure timely recording of con-ed credits. Use additional paper if necessary.

1 credit per 2 hours of mentoring (business or primary depends upon material covered). Maximum 15 credits per window.

[Note that an equal number of credits are awarded to both the mentor (if an MTAS member) and the mentee (student)].

Mentee/student name: _____

Tel: _____ E-mail: _____

Mentor name: _____

Why did you become a mentor? _____

Mentor's qualifications (profession, credentials, number of years of training, number of years in practice): _____

Mentoring program date range, from: _____ to _____

Total number of hours: _____

Please ensure that there is a confidentiality agreement in place between you and the mentor, and that client consent is obtained.

- Use the template on the reverse of this form as a guide.
- Provide a detailed outline of the mentoring program and attach supplementary files as necessary.
- Include details of subject matter covered each day, with references, expectations and learning outcomes, and your observations as a student/mentee.

Mentor signature: _____ Date: _____

Mentee signature: _____ Date: _____

Please note that signing or issuing, in your professional capacity, a document that you know contains false or misleading statements is a matter of professional misconduct and will be referred to the Disciplinary Committee if deemed necessary.

Please upload copies of all documentation and this form to your profile on the MTAS website.

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MTAS

Massage Therapist
Association of Saskatchewan

Mentorship Program Template (make copies as required)

Mentee/student name: _____

Date	Session length	Objective	Learning outcome	Mentor initials



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Mentorship Program Template – Mentee Skills and Abilities

To be completed by the mentor

Mentee/student name: _____

- 1 – Inadequate. Requires improvement in order to be acceptable at current experience/knowledge level.
2 – Acceptable. Performs as expected for the current experience/knowledge level.
3 – Above average. Performs at the level expected of a newly graduated therapist.
4 – Excellent. Performs at the level expected of an experienced therapist.
U – Unknown. Did not have the opportunity to observe this behaviour.

Clinical skills

Awareness of and adherence to MTAS standards of practice	1	2	3	4	U
Ability to understand and accurately assess client needs	1	2	3	4	U
Ability to develop and maintain connection with clients	1	2	3	4	U
Knowledge and understanding of techniques/procedures	1	2	3	4	U
Ability to incorporate learned material in decision-making	1	2	3	4	U
Understanding of legal and ethical issues re: confidentiality	1	2	3	4	U

Professionalism, personal characteristics and attitude

Ability to perform independently	1	2	3	4	U
Ability to accept constructive criticism	1	2	3	4	U
Effective communication skills	1	2	3	4	U
Adaptability and willingness to change	1	2	3	4	U
Self-control and emotional stability under pressure	1	2	3	4	U
Promptness and dependability	1	2	3	4	U
Problem solving and conflict resolution skills	1	2	3	4	U
Co-operation within a team environment	1	2	3	4	U
Cultural sensitivity and diversity awareness	1	2	3	4	U

Mentor signature: _____

Date: _____