



MTAS Continuing Education Mentoring Form

This form should be used to document mentoring activities. Under the MTAS Continuing Education Policy and Guidelines, mentoring or supervision is defined as an activity in which a massage therapist observes or shadows the practice of another health professional in order to obtain a better understanding of other modalities or to learn new techniques. A copy of all completed mentoring forms should be submitted at the end of each year.

1 primary CEU per 2 hours of shadowing.

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

Member Name: _____

Membership Number: _____

Address: _____

City: _____

Postal Code: _____

Tel: _____

E-mail: _____

Mentor's Name: _____

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

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

Massage Therapist: please write below a brief description of your observations and learning experiences (additional paper or the back of this form may be used as necessary).

Mentor's signature: _____

Date: _____

Therapist signature: _____

Total hours of mentoring: _____

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 submit copies of all documentation to the MTAS office and allow up to 8 weeks for completion of the evaluation process.