

CRMTA Information Sheet Course Evaluation

Continuing Education Credits (CEC)

All Active and Associate CRMTA members must complete 30 Continuing Education credits (CEC) every 3 years in order to maintain their CRMTA membership. A maximum of 10 of the 30 credits can be secondary credits.

<u>Primary credits</u> are allocated to in-class, hands-on continuing education courses that directly relate to massage therapy.

• 1 credit is allocated per hour, to a maximum of 20 credits per course / workshop.

<u>Secondary credits</u> are allocated to courses on modalities that enhance a massage or on one's professional development in the field of massage. Courses may include topics such as ethics, communication, additional modalities, etc. Participation in some CRMTA events also count towards secondary credits.

- 1 credit is allocated per 2 hours, to a maximum of 10 credits per course / workshop.
- 3 credits are allocated for attending an Annual General Meeting (AGM).

 Please note: Active and Associate CRMTA members must attend 1 AGM every 3 years
- 3 credits are allocated for First Aid certification and re-certification.
 Please note: Active and Associate CRMTA members must maintain a valid Standard First Aid and CPR Level C certification.
- 5 credits are allocated per year of participation in a CRMTA committee.

Submitting Continuing Education Courses to CRMTA

In order for a CRMTA member's Continuing Education course or workshop to be counted towards their total, the courses / workshop must be approved by CRMTA and submitted for credit assessment.

Submitting Unapproved Continuing Education courses: All unapproved courses must be submitted for evaluation to determine its eligibility for CRMTA credits. To submit an unapproved course to CRMTA for evaluation:

- 1. Download and complete the <u>Course Evaluation Approval Form</u>. (This form can be given to the provider of the course to complete.)
- 2. Provide a copy of the listed documentation required for the approval process.
- 3. Provide a copy of the required documentation via:
 - a. Email at admin@crmtaab.com,
 - b. Mail at Suite 212, 5615 101 Avenue NW, Edmonton, AB T6A 3Z7
 - c. In person at Suite 212, Capilano Mall, 5615 101 Avenue NW, Edmonton, AB T6A 3Z7
- 4. CRMTA will advise members via email on the status of their submission.

The deadline for submission of Continuing Education courses / workshops is 30 days prior to member's 3rd membership anniversary. CRMTA will send a reminder and a credit update to each member as they near their 3-year deadline.

For more information regarding continuing education, please email bob@crmtaab.com



Course Evaluation Approval Form

1.	Memb	er Inform	mation:		
Member Name:			Last	First	
CR	MTA Nur	mber:			
2.	Cours	se Inform	nation:		
Со	urse Nan	ne:			
Со	urse Date	e:			
Со	urse Loc	ation:			
lns	structor N	lame:			
			Last	First	
Instructor Contact:			Home Number	Other/Cell Number	
lns	tructor E	mail:	Du providina vo vith vo v posi	address you appeal to residing plantaging appropriations from CDMTA	
			., .	address, you consent to receiving electronic communications from CRMTA.	
			ation Document		
Ple	ease prov	ide the req	uired documentation	n listed below:	
	□ Course / Workshop Description and Content				
	☐ Outline of the benefit to massage and any anatomy review or contraindications to treatments.				
	□ Prerequisites to taking Course / Workshop				
		Reference	d Texts: Detailed list o	of recognized reference texts. Wikipedia does not count.	
		Delivery M	ethod: Ex: in class, on	nline, video, mentoring, in modules.	
		Learning C	Outcomes: Expected si	kills to be developed by this training for the therapist.	
		A list of all	topics covered with br	rief detail of each	
		A detailed	course timeline: This I	must be very specific usually in half hour increments and	include breaks.
		Previous A	pproval of Course / W	orkshop from other Associations or regulatory bodies.	
		Credentials	s for instructors <i>: Pleas</i>	se include certifications, curriculum vitae / resume and tra	aining experience.
4.	Decla	ration:			
	I, the undersigned, declare that to the best of my knowledge the information provided and statements made in this application and any attached documents is true. I agree to abide by CRMTA Bylaws, Code of Ethics, Guidelines for Professional Boundaries, Standards of Practice and any other governing documents of the Association. I realize that I may lose my membership and membership privileges if complaints about me are found to be in violation of these documents.				
		Member Na	ame	Member Signature	Date