



Application

Education Program:

Institution Name _____

Education Program Name(s) _____

Program Address _____

Phone Number _____

Is this a Private or Public program?

Private Public

Date operation began: _____

Does this massage therapy education program have multiple sites or campuses?

Yes No

Please note that a separate application is required for each site or campus.

Total number of full and part time students in all massage therapy education programs offered at this site over the past 12 months _____

Primary Contact

This is the person that will be communicating directly with CMTCA throughout the accreditation process.

Name _____

Position _____

Contact Email _____

Contact Phone Number _____



Secondary Contact

This is the person that will be contacted in the event that the primary contact is unavailable.

Name _____

Position _____

Contact Email _____

Contact Phone Number _____

When do you plan to submit your self-assessment and evidence for preliminary accreditation?

3-6 months

6-12 months

12- 18 months

I am authorized to apply for accreditation on behalf of the program.

I authorize CMTCA staff and surveyors to contact the education program for the purpose of the accreditation process.

I authorize CMTCA staff and surveyors to review materials shared with CMTCA for the purpose of the accreditation process.

Documents and materials shared with CMTCA, are to the best of my knowledge accurate and complete.

I understand that programs will be charged an annual accreditation fee as well as costs associated with preliminary accreditation and the accreditation site visit.

Primary Contact

Date

Please "save as" then email this completed form to info@cmtca.ca
Please include the school name in the email subject line.

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