



CMTCA Accreditation Surveyor Application Form

Please complete this form and submit it with your CV, the contact information for three professional references, and a cover letter to info@cmtca.ca. You will be contacted the next time an opportunity is available for CMTCA surveyor training.

Date _____

Name _____

Address _____

Street Address

City

Province

Postal Code

Contact information

Daytime Phone number: _____

Evening Phone Number: _____

Email _____

Please answer the following questions

1. Have you ever served as an on-site evaluator, peer-reviewer, or surveyor for an accreditation program or for the massage therapy profession?

Yes

No

If yes, when was your most recent review? _____

YYYY/MM/DD

If yes, for which organization? _____

2. Check the one box that best describes your current professional activity.

Educator

Education program administrator

Qualified massage therapy provider

Massage-related business manager

Other (please specify) _____



3. Please describe your experience and knowledge relevant to working as a CMCTA surveyor. Information that you could describe might include:
- Your education in massage, or other profession
 - The duties and skills used in your work (e.g., report writing, evaluating, negotiating, problem-solving, IT skills, making presentations, etc.)
 - Your service as a board member, administrator in a school, business, or other organization, etc.
 - Your work experience related to teaching, education administration, massage therapy, management, leadership, etc.
 - Other relevant information

Continue on another page as needed.