



new york chapter

Continuing Education Application Form

Providers/Instructors seeking to be an instructor for AMTA-NY Chapter are required to complete and submit this Application Form, along with supporting documentation, to the Chapter's Education Chair. Applicants may be required to have a personal interview to discuss their qualifications and course content. Please contact the AMTA-NY Chapter Office at (585) 582-6208 or office@amta-ny.org if you have questions.

ACCEPTABLE COURSEWORK AREAS

The AMTA-NY Chapter is a continuing education sponsor accountable to New York State Office of Professions' Regulations. In order to provide continuing education that is acceptable for New York Licensed Massage Therapist's Continuing Education (CE) requirements, the following subjects and topics are acceptable:

- Subjects that enhance knowledge and skill in the theory, technique, and methods that fall within or are related to the practice of massage therapy, including, but not limited to, instruction in Swedish massage; medical massage; Shiatsu; connective tissue massage; Tui Na; reflexology; acupuncture; polarity; myofascial massage; neuromuscular massage; craniosacral techniques; manual lymphatic drainage; infant massage; pregnancy massage; stretching; exercises to facilitate, enhance or perpetuate the benefits of massage therapy; Thai massage; sports massage; and courses related to specific physical conditions, such as cancer, that may require massage therapy;
- Subjects that are fundamental to the practice of the profession, including, but not limited to, pathology, myology, neurology, anatomy, physiology, or subjects that are ancillary to the practice, such as effects of massage therapy on medication regimes;
- Subjects that include, but not limited to, activities and skills needed for practice, such as communication, intake procedures, assessment and evaluation, treatment planning, prevention, recordkeeping, First Aid, CPR, and knowledge of the chemical ingredients and safety of products and tools used in the practice of massage therapy;
- Clinical interventions/evidence-based models;
- Philosophy and principles of massage therapy;
- Subjects relating to health care, professional rules and regulations, standards of good practice, precautions, law, and/or ethics which contribute to professional practice in massage therapy and the health, safety, and/or welfare of the public.

Please note that the AMTA-NY Chapter may occasionally conduct classes that are not within the above topics. These classes won't "count" for New York CE requirements, but may be offered in the interest of serving our members' educational needs. Applications may be submitted for any and all massage therapy related topics.



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INSTRUCTOR APPLICATION

INSTRUCTOR APPLICANT NAME: _____

CURRENT ADDRESS: _____

PHONE: _____

EMAIL: _____

WEBSITE ADDRESS: _____

AMTA MEMBER? NO YES - AMTA Member# _____

CURRENT LICENSURE: _____

NCBTMB PROVIDER NUMBER (if applicable) _____

Affidavit: As the instructor for each AMTA-NY approved course, I agree to be responsible for ensuring that all course participants have met the course objectives, and that my initials on the class sign-in sheets will confirm this.

Please initial here to indicate your agreement: _____

INTERVIEW AVAILABILITY

PLEASE INDICATE BEST TIMES & NUMBER TO REACH YOU: _____

REQUIRED DOCUMENTATION NECESSARY:

To process your application, you **must** include all of the following at the time of submission:

- 20 course evaluations
- Three minute video of one course taught
- A photo (headshot) for publication and marketing (.jpg or .png format)
- A Bio for publication and marketing (125 words or less)
- A resume or CV
- Handouts for this class

Failure to submit any of the above materials will delay our vetting process and your final approval to teach for AMTA-NY.

PLEASE SUBMIT ALL ABOVE MENTIONED MATERIALS TO:

AMTA-NY Education Chair
c/o AMTA-NY Chapter Office
167 Chamberlain Rd.
Honeoye Falls, NY 14472

Or scan and e-mail to: **office@amta-ny.org**

Revised: 02/11/2020



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CLASS APPLICATION

NAME OF CLASS: _____

NUMBER OF CONTINUING EDUCATION CONTACT HOURS (CE's) _____

FULL DESCRIPTION OF CLASS:

DESCRIPTION OF CLASS FOR MARKETING (125 WORDS OR LESS) IF DIFFERENT FROM ABOVE:



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LEARNING OUTCOME AND OBJECTIVES (Specific, measurable, achievable results:)

FORMAT OF CLASS? LECTURE HANDS-ON

WHAT DO STUDENTS NEED TO BRING FOR YOUR CLASS:

APPLICATION CHECKLIST:

Did you include in this application:

- 20 course evaluations
- Three minute video of one course taught
- A photo (headshot) for publication and marketing (.jpg or .png format)
- A Bio for publication and marketing (125 words or less)
- A resume or CV
- Handouts for this class

If you are submitting information by e-mail; please submit all the requested information at one time as separate attachments in one e-mail. Please do not send multiple e-mails.

Thank you.