



# Massage Therapist Association Of Alberta

Office Use Only

Member Type: ACTIVE

Member #: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

## 2019 Active Membership Application

Personal Information			
Legal First Name (Please Print)		Commonly Used First Name	Middle Initial
Legal Last Name			
Email Address			
Mailing Address			
City/Town/Village		Province	Postal Code
Home Phone Number ( )	Cell Phone Number ( )		Preferred Method of Communication  <input type="checkbox"/> Email Only <input type="checkbox"/> Text Only <input type="checkbox"/> Both Text & Email
Date of Birth Year      Month      Day	Gender (Please Indicate)  <input type="checkbox"/> Male <input type="checkbox"/> Female		

Education Information			
Massage Therapy Education Institution Attended			
City	Province	Hours of Study	Date of Graduation Year / Month / Day

English Language Proficiency
<p>All applicants must provide documentation to support English language proficiency by one of the following means. Please indicate which documentation you are submitting:</p> <p> <input type="checkbox"/> Canadian High School Transcript showing completion of English 30 Level / Grade 12 English or equivalent  <input type="checkbox"/> Canadian High School Diploma  <input type="checkbox"/> Successful completion of General Educational Development (GED) tests  <input type="checkbox"/> Completion of the TOEFL Internet Based Test (iBT) with the following minimum scores:            Writing: 20   Speaking: 20   Listening: 20   Reading: 19         </p>



### Current Practice: Please select which best describes your current status

Are you currently practicing as a massage therapist?		Yes	No
<b>If you answered "YES" to the above question, you are required to provide proof of good standing with your existing or former Regulatory College or Professional Association. Please indicate which option applies to you:</b>			
Yes, I am currently practicing in the province of :			
I have provided proof of good standing with my current regulatory body.		I have provided proof of good standing with my current association.	
<b>If you answered "NO" to the above questions, please indicate which best describes you:</b>			
I have graduated from a training program that is a minimum of 2 years / 2200 hours that is licensed with the government in the jurisdiction it operates in.			
I am currently a new graduate and I am not practicing.			
I am currently a student about to graduate and require Active membership.			
I am currently non-practicing as of (input last date of practice Year/Month):			

### Primary Clinic Location Information

Business Name			
Business Address			
City	Province	Area Code & Bus. Phone # (    )	Postal Code
Website Address		Email Address	
<b>Please indicate the start and end times of the days you are available at your primary clinic. Specific times are required and will be displayed if searched using our "Find A Therapist Tool" on our Website.</b>			
Sunday	Start time		End Time
Monday	Start time		End Time
Tuesday	Start time		End Time
Wednesday	Start time		End Time
Thursday	Start time		End Time
Friday	Start time		End Time
Saturday	Start time		End Time



## Secondary Clinic Location Information

Business Name			
Business Address			
City	Province	Area Code & Bus. Phone # (     )	Postal Code
Website Address		Email Address	
<b>Please indicate the start and end times of the days you are available at your secondary clinic. Specific times are required and will be displayed if searched using our "Find A Therapist Tool" on our Website.</b>			
Sunday	Start time		End Time
Monday	Start time		End Time
Tuesday	Start time		End Time
Wednesday	Start time		End Time
Thursday	Start time		End Time
Friday	Start time		End Time
Saturday	Start time		End Time

## Clinical Practice Setting (Check all that apply)

<input type="checkbox"/>	Private Practice In Clinic	<input type="checkbox"/>	Private Practice In Home	<input type="checkbox"/>	Sports Clinic /Facility
<input type="checkbox"/>	Chiropractor Clinic / Office	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Fitness Centre/Spa/Health Club
<input type="checkbox"/>	Mobile / On-Site	<input type="checkbox"/>	Resort or Hotel	<input type="checkbox"/>	Other:

## Treatment Types

<input type="checkbox"/>	Sports Massage	<input type="checkbox"/>	Chair Massage	<input type="checkbox"/>	Pregnancy Massage
<input type="checkbox"/>	Infant Massage	<input type="checkbox"/>	Pediatric Massage	<input type="checkbox"/>	Geriatric Populations

## Adjunct Techniques / Modalities Available For Additional Insurance

<input type="checkbox"/>	Aromatherapy	<input type="checkbox"/>	Extracorporeal Shockwave Therapy
<input type="checkbox"/>	Fire Cupping	<input type="checkbox"/>	Frequency Specific Microcurrent (low energy protocol only)
<input type="checkbox"/>	Interferential Current ( IFC) Therapy	<input type="checkbox"/>	Low Level Cold Laser Treatment
<input type="checkbox"/>	Low Intensity Laser Therapy	<input type="checkbox"/>	Pulsed High Frequency
<input type="checkbox"/>	TENS	<input type="checkbox"/>	Therapeutic Ultrasound
<input type="checkbox"/>	Trigenics	<input type="checkbox"/>	Watsu

In order for a therapist to utilize any of these techniques, modalities or tools/devices, they must have obtained education in the technique or modality and additional liability insurance coverage. **Adjunct techniques and modalities must be evidence informed and the evidence must support the MTAA Scope of Practice.**

**Further, it must be clinically indicated to use the technique and the intent of the technique is to assess or treat the soft tissues as outlined in our Scope of Practice.**

**A copy of the certificate of completion for your training must be provided. Please contact the MTAA for the appropriate forms and cost for adding on these additional techniques/modalities to your membership.**



## Freedom Of Information and Privacy Act

In following regulations pertaining to the *Freedom of Information and Privacy Act*, only a member's business contact information will be displayed and/or distributed. Personal information is used only for internal database purposes. In the event that a member's residential address is also their business address, it is understood and agreed by the member, as signed below, that this information may be given out by the MTAA for business purposes only.

In order to provide and improve member services the MTAA collects the personal and business related information contained in this application. Other than your name, city, province, membership number, membership status and the above-mentioned business contact information, information you provide on this form is confidential and will only be used for the provision of member services and statistical reporting in accordance with the *Personal Information Privacy Act*. All Active members understand that the collection, use and disclosure of personal information is done in accordance with this Policy and that business contact information and treatment types available in various formats as required from time to time, will be published in the "Find a Therapist" area of the MTAA Website for the public as well as for insurance provider verification purposes. Notwithstanding the above, the MTAA retains the right to provide information to third parties when membership in the Association is Suspended or Cancelled.

## Insurance Agreement

By submitting this application, the undersigned attests that this application has been completed accurately and honestly. No disciplinary action has been, or is pending, against you in any jurisdiction. You have never been the subject of any investigation either civil or criminal, in connection with any sexual act, conduct, molestation, and/or assault. You understand that your liability insurance certificate will provide evidence that you have been added as an individual participant with respect to the coverage and limits of the Master policy for Professional and General Liability Insurance. You understand that the coverage provided by the insurance certificate is subject to all the terms; conditions and exclusions contained in the Master policy. You further understand that the insurance company will rely on the information provided in this application. Providing false statements on this application or subsequent renewals shall void this application and render your insurance coverage null and void, and you may be subject to further legal action for making false statements.

## Geographical Practice

By submitting this application, you attest that you are practicing in the Province of Alberta only and understand that should you wish to practice Massage Therapy outside of the geographic boundaries of Alberta that your membership number is not valid for third-party insurance receipt provision.

## Criminal Offense Charge or Conviction

I understand that in accordance with the current policies of the MTAA, **I am required to disclose any current charges or convictions of any criminal offense incurred. I understand that I am required to provide the MTAA immediate notice, but no more than thirty (30) days after, the disclosure of any charges or convictions in my name.** I am also aware that additional information may be requested of me regarding this.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Active Members Responsibilities

It is important that all MTAA members are aware of their responsibilities to maintain membership in good standing. Failure to do so may result in membership suspension and possible membership cancellation. Initial that you have read and understand the following:

\_\_\_\_\_ I am aware that if my membership should be suspended for any reason, a \$150 (plus GST) reinstatement fee is required. As well, any outstanding requirements must be met before membership reactivation can occur.

\_\_\_\_\_ I am aware that should membership suspension occur, all treatments provided to clients may be rejected by health insurance companies for the full period of membership suspension.

\_\_\_\_\_ I am aware that my annual membership fees are due to be paid in full, on or before my membership anniversary date.

\_\_\_\_\_ I am aware that all members must maintain valid Standard First Aid & CPR-C (or higher) at all times. Emergency First Aid is not equivalent to the required Standard First Aid and is therefore not accepted.

\_\_\_\_\_ I am aware that all members are responsible to provide current personal contact information. I am aware that I can provide this by updating my online member profile.

\_\_\_\_\_ I am aware that all members are required to provide a current Criminal Record Check, including the Vulnerable Sector, every three (3) years. A request will be made by the MTAA office when this is required. These cannot be more than 90 days from the date required.

\_\_\_\_\_ I am aware that all members are required to complete ongoing Professional Development (PD). To meet the current guidelines, members can refer to the PD Program Guide available through online member profiles and also downloadable from the MTAA website.

## Declaration

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 the MTAA 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. I further understand that membership dues are non-refundable in the event that I choose to cancel my membership at any time after application or renewal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# 2019 MTAA Membership Activation

First/Last Name of Applicant: \_\_\_\_\_

Activation Information	Activation Date
All memberships are activated on the 1 <sup>st</sup> of a month. If you submit your application and all documentation later than the 15 <sup>th</sup> of a month, the earliest we can activate your membership is the 1 <sup>st</sup> of the following month.	Which month do you want your Active Membership to begin?  1 <sup>st</sup> day of _____

**Payment Options** - Below is a list of payment options for your first year of membership with the MTAA. Please select which payment option you wish to utilize. All fees include GST.

Select Your Payment Option	Amount
I have provided a cheque in the amount of:	<b>\$493.50</b>
I have provided a money order in the amount of:	<b>\$493.50</b>
I have provided a credit card/ VISA Debit card number for the amount of: (This form of payment includes a 2% transaction fee)	<b>\$503.37</b>
Payment Plan – I would like to pay for my membership in three (3) monthly payments and I am aware that there is an applicable 2% charge if using credit card, as well as a 2% charge of interest on the balance owing	<i>Contact our office for amounts if paying by cheque, or provide credit card number below.</i>

**Please provide the credit card number to be used for your payment of membership dues. Please note that this information is destroyed upon successful payment transaction completion:**

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiry Date

## Completed Applications can be submitted by:

Email to: [info@mtaalberta.com](mailto:info@mtaalberta.com)

Fax to: 403-346-2269

Mail to: #2, 7429 – 49 Ave, Red Deer, AB, T4P 1N2

### For Next Year's Membership Fees

**All annual dues are required to be paid in full on, or before, your anniversary date.** If you wish to enroll in our payment plan for your second year of membership, please contact our office for details. This program enables you to make monthly payments prior to your next year of membership.



## Additional Business Insurance

***It is important that all MTAA Members have the appropriate amount of insurance coverage, not only for the individual Massage Therapist, but also for a massage therapy business. Often an individual does not realize they needed additional coverage until it's too late. To avoid this, we want to ensure that all MTAA Members are aware of the opportunity to obtain low-cost insurance coverage currently available through our Affinity Partner. Please review the information below to determine if the additional coverage is for you.***

### **Business Insurance**

Your Professional/General Liability Insurance provided by the MTAA includes very basic Business Insurance coverage designed to assist Therapists that have recently graduated and are working from their own homes or Therapists working part-time from home. The MTAA Master Policy provides a minimal limit of \$3,000 of property coverage with a \$500 deductible that responds to a loss occurring ***within the premises/address listed on the Liability Insurance Certificate issued*** upon activation or renewal with the MTAA. This coverage ***does not*** cover any property/equipment that is taken off premises to perform treatments at an alternative business location.

MTAA members who operate their own small business, rent a room in a clinic or operate as an Independent Contractor in a multi-therapist or multi-disciplinary clinic **NEED** to have proper Business Insurance. The MTAA's Business Insurance program is available to provide the following coverage:

- |  |   |
|--|---|
| *\$25,000 Business contents                      | *\$25,000 Business Interruption (profits) |
| *\$25,000 Employee dishonesty                    | *\$10,000 Money & Securities              |
| *\$2,500 Off Premises Property for Massage Table |   |

This program has a common renewal date of May 1 each year, though you can opt-in at any time. However, please note that due to the low cost of this coverage, the premium is **not pro-rated** throughout the term and has a flat annual cost of \$275 (plus GST). If the coverage provided is too low for your business needs, a revised higher coverage option can be provided.

### **Entity Coverage**

Entity coverage is crucial for Therapists who own their own business and/or rent rooms to others, and/or have staff or Independent Contractors working for them. This coverage is an extension of your current Liability Insurance and provides coverage **for the Therapist as a Business Owner** in the event the business is pulled into a claim for a third party Bodily Injury or Property Damage loss. (i.e. someone working for you is being sued for bodily injury and the lawyer lists your business in the lawsuit).

The most recent Wild Fires in Alberta left a lot of people without business insurance coverage simply because they did not have a basic Individual Business Policy and were thinking that the GL/Professional Policy would respond to their loss! As a rule of thumb, RMT's that own their own business and are a Registered Company or Incorporated Company should have individual Business Property Insurance as a responsible business owner.

***Once your MTAA Membership has been activated, you can download the current applications for both the Business Insurance and the Entity Coverage through the MTAA website. This information is located on the Affinity Partners tab of the member's side our website. If you require assistance, please contact our office.***