



## 2020 Active Membership Application Instructions

All applicants can either apply online at [www.mtaalberta.com](http://www.mtaalberta.com) or can submit a completed application (to include all pages 1 - 6), as well as copies of all required documentation. Partial submissions will be not be accepted.

### All applicants are required to submit the following documentation:

- Copy of both 1<sup>st</sup> and 2<sup>nd</sup> year transcripts, as well as Diploma in Massage Therapy Training from a 2-year/2200 hour program from a licensed institution in the province in which it operates.
- Current certificates for Standard First Aid and Level C (or higher) CPR. *This must be a Canadian certification completed at least 50% in class.*
- Criminal Record Check, inclusive of Vulnerable Persons, that have been conducted to include all jurisdictions in which you have resided for the past five (5) years. Criminal Record Checks cannot be more than 90 days old at the time of application and must be completed at your local police detachment. *We do not accept third party online criminal records checks.* We will temporarily accept receipts of payment for these to enable processing. The completed criminal record check must then be submitted as soon as it is received.
- Copy of government-issued photo identification (i.e. Driver's License, or Passport)
- All applicants must meet an acceptable level of English language proficiency. We will require official documents such as high school or post-secondary transcripts or proof of successful completion of standardized language evaluation. Please see application for details.
- If you are currently a member or have been a member of either a regulatory body or a professional association, we require proof of good standing of membership. Please contact your former association or regulatory body to obtain this.
- Proof of eligibility to work in Canada if not a Canadian citizen ( i.e. Work Visa)
- Copy of a legal document to support a name change if any of the above mentioned documents are not in your current legal name.

*All MTAA members are required to immediately disclose any criminal charges or convictions obtained while being a member. If you acquire a charge or conviction for any criminal offense after membership activation, please contact our office for further instructions.*



# Massage Therapist Association Of Alberta

## Office Use Only

Member Type: ACTIVE

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

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

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

## 2020 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
All applicants must provide documentation to support English language proficiency by one of the following means. Please indicate which documentation you are submitting:
<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"/> Has completed and submitted an MTAA Waiver or MTAA Confirmation Form meeting all requirements.
<input type="checkbox"/> Completion of the TOEFL Internet Based Test (iBT) with the following minimum scores: Writing: 20    Speaking: 20    Listening: 20    Reading: 19



<b>Current Practice: Please select which best describes your current status</b>		
Are you currently practicing as a massage therapist?	Yes	No
<b><i>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:</i></b>		
Yes, I am currently practicing in the province of :		
<input type="checkbox"/>	I have provided proof of good standing with my current regulatory body.	<input type="checkbox"/> I have provided proof of good standing with my current association.
<b><i>If you answered "NO" to the above questions, please indicate which best describes you:</i></b>		
<input type="checkbox"/>	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.	
<input type="checkbox"/>	I am currently a new graduate and I am not practicing.	
<input type="checkbox"/>	I am currently a student about to graduate and require Active membership.	
<input type="checkbox"/>	I am currently non-practicing as of (input last date of practice Year/Month):	

<b>Primary Clinic Location Information</b>				
Business Name				
Business Address				
City	Province	Area Code & Bus. Phone # (     )	Postal Code	
Website Address		Email Address		
<b><i>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.</i></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	
<i>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.</i>				
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				
<input type="checkbox"/>	Aromatherapy	<input type="checkbox"/>	Extracorporeal Shockwave Therapy	
<input type="checkbox"/>	<b>** Fire Cupping</b>	<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"/>	<b>** Trigenics</b>	<input type="checkbox"/>	<b>** Watsu</b>	

The above techniques and modalities require that a therapist has completed and submitted approved education/certification to be on file with the MTAA before practicing. The **\*\* techniques and modalities in red** require that a therapist must also apply for and obtain additional insurance to practice through the MTAA. Please contact our office for more details.



## 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, I attest that I am practicing in the Province of Alberta only and understand that should I wish to practice Massage Therapy outside of the geographic boundaries of Alberta that I must complete a Memorandum of Understanding and that my membership number is not valid for third-party insurance receipt provision for treatment(s) performed outside of Alberta.

## 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 old 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: \_\_\_\_\_



## 2020 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:	\$493.50
I have provided a money order in the amount of:	\$493.50
I have provided a credit card/ VISA Debit card number for the amount of: (This form of payment includes a 2% transaction fee)	\$503.37
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.*