



2020 Membership Application Instructions for Insured Student Membership

The MTAA offers Insured Student Membership for any person who is enrolled in a 2 year massage therapy program that is licensed in Alberta, and who has completed 1,100 hours/1 year of their program. All Student Members that purchase the Insured Student Membership are to be under the supervision of a Massage Therapist or a health care provider at all times.

Membership Requirements:

- Students must be currently enrolled in their second year of training and attend a school that is licensed within the province it operates and recognized by the MTAA. A letter from the educational institution must be provided to confirm enrollment and the expected graduation date.
- Students are required to submit proof of valid Standard First Aid and CPR level – C (or higher)
- Students are required to have a supervisor on site at all times. A supervisor must be in physical attendance at the clinic in which the Insured Student Member is working. The supervisor can be a Massage Therapist that is in good standing and actively registered with a professional association or a healthcare provider i.e. Doctor, Registered Nurse, Physiotherapist, Chiropractor, etc.
- Students are required to provide a current Criminal Record Check, inclusive of the Vulnerable Sector search, for any jurisdiction they have resided in the past 5 years.
- To ensure proper disclosure, Insured Student Members must always inform clients they are a Student Therapist before providing treatment.

Insured Student Membership Fees

The cost for an Insured Student Member with liability insurance is prorated on a quarterly basis as follows:

| | |
|--|--------------------------|
| Join in January/February/March | \$150.00 plus GST |
| Join in April/May/June | \$112.50 plus GST |
| Join in July/August/September | \$ 70.00 plus GST |
| Join in October/November/December | \$ 37.50 plus GST |

All Insured Student Members who move to MTAA Active Membership within 6 months of graduation save money. We provide a 50% off discount for the first year of Active Membership, as well as waive the \$50 application fee.



Massage Therapist Association Of Alberta

Office Use Only

Member Type: **Insured Student**

Member #: _____

Date: _____

Approved: _____

2020 Insured Student Member 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 Attending | | | |
| City | Province | Hours of Study | Date of Graduation Year / Month / Day |

| Supervisor on Site | |
|---|---------------------|
| Supervisor's Name | |
| Please indicate the designation of the Supervisor | |
| Clinic Name | Clinic Phone Number |
| Supervisor's Email Address | |
| Supervisor's Signature | |



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: _____

Insured Student Member Responsibilities

It is important that all MTAA Insured Student Members are aware of their responsibilities to main 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 I am responsible to disclose to clinic owners that I am a Student Therapist and have not yet graduated from my training program.

_____ I am aware that I am required to clearly communicate to patients that I am a Student Therapist and have not yet graduated from my training program.

_____ I agree that at no time will I refer to myself as a Massage Therapist or a Registered Massage Therapist until such time that I have graduated from my program and obtained membership with an Association and I agree to refer to myself as a Student Therapist.

_____ I am aware that the MTAA cannot guarantee that the insurance benefit providers will accept my receipts for reimbursement as a Student Therapist.

_____ I am aware that I am required to provide receipts to clients that reflect treatment provided was from a Student Therapist.

_____ I am aware that at no time am I to charge, or to allow a clinic to charge, the standard rate for a treatment, but shall provide a reduced rate treatment to be no more than 50% of the average rate in my jurisdiction.

_____ I am aware that I must have valid Standard First Aid and Level "C" CPR Certificates at all times.

_____ I am aware that I must obtain a business license for the jurisdiction in which I am providing treatments in the event that one is required.

_____ I am aware that if my membership should be suspended for any reason, a \$150 (plus GST) reinstatement fee is required. Any outstanding requirements must be met before membership reactivation can take place. As well, I am aware that failure to remain in good standing as an Insured Student Member may prevent my ability to become an active member of the MTAA.

_____ I am aware that my Insured Student Membership will be cancelled 60 days after graduation and the insurance policy and member number obtained for this membership will no longer be valid.



Membership Agreement

By submitting this application, you attest that the application has been completed accurately and honestly. No disciplinary action has been, or is pending, against you. You have never been the subject of any investigation either civil or criminal, in connection with any sexual act, conduct, molestation, and/or assault. Making false statements on this application or subsequent renewals shall void this application and render any insurance coverage null and void, and you may be subject to further legal action for making false statements.

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.

Signature: _____ Date: _____



MTAA Insured Student Member Activation

First/Last Name of Applicant: _____

| Activation Information | Activation Date |
|---|--|
| All memberships are activated on the 1 st of a month. If you submit your application and all documentation later than the 15 th of a month, the earliest we can activate your membership is the 1 st of the following month. | Which month do you want your Student Liability Insurance to begin? 1 st day of _____ |

Payment Options - Below is a list of payment options with the MTAA. Please select which payment option you wish to utilize.

| Method of payment |
|---|
| <p>I wish to pay by cheque or money order.</p> <p>If you wish to utilize either of these forms of payment, please contact the office for the total cost that includes GST. Please be advised that payment must be received by the MTAA office before activation can occur.</p> |
| <p>I have provided a credit card/ VISA Debit card number for payment.</p> <p>This form of payment includes a 2% transaction fee.</p> |

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

Fax to: 403-346-2269

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