



Massage Therapist Association Of Alberta

Office Use Only

Member Type: ACTIVE

Member #: _____

Date: _____

Approved: _____

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"/> Both Text & Email
Date of Birth Year Month Day	Gender (Please Indicate) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		

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</p> <p><input type="checkbox"/> Canadian High School Diploma</p> <p><input type="checkbox"/> Successful completion of General Educational Development (GED) tests</p> <p><input type="checkbox"/> Has completed and submitted an MTAA Waiver or MTAA Confirmation Form meeting all requirements.</p> <p><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
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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:

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.

If you answered "NO" to the above questions, please indicate which best describes you:

	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	

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.

Day	Start time	End Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		



Secondary Clinic Location Information

Business Name				
Business Address				
City	Province	Area Code & Bus. Phone #	Postal Code	
Website Address			Email Address	
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.				
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"/>	Hair Salon
<input type="checkbox"/>	Nursing Homes	<input type="checkbox"/>	Physiotherapy Clinic	<input type="checkbox"/>	Schools

Treatment Types

<input type="checkbox"/>	Acupressure	<input type="checkbox"/>	Hot and Cold Stone Massage	<input type="checkbox"/>	Positional Release	<input type="checkbox"/>	Taping
<input type="checkbox"/>	Alexander Technique	<input type="checkbox"/>	Infant Massage	<input type="checkbox"/>	Reflexology	<input type="checkbox"/>	Therapeutic Massage
<input type="checkbox"/>	Chair Massage	<input type="checkbox"/>	Lymph Drainage	<input type="checkbox"/>	Reiki Level 1	<input type="checkbox"/>	Thai Massage
<input type="checkbox"/>	CranioSacral Therapy	<input type="checkbox"/>	Myofascial Cupping	<input type="checkbox"/>	Rolfing	<input type="checkbox"/>	Thai Yoga
<input type="checkbox"/>	Direct Billing	<input type="checkbox"/>	Muscle Energy Technique	<input type="checkbox"/>	Shiatsu	<input type="checkbox"/>	Therapeutic Touch
<input type="checkbox"/>	Feldenkrais Method	<input type="checkbox"/>	NeuroKinetic Therapy	<input type="checkbox"/>	Somatics	<input type="checkbox"/>	Touch for Health
<input type="checkbox"/>	Geriatric populations	<input type="checkbox"/>	Pediatric Massage	<input type="checkbox"/>	Sports Massage	<input type="checkbox"/>	Trager
<input type="checkbox"/>	Healing Touch	<input type="checkbox"/>	Pilates	<input type="checkbox"/>	Strapping	<input type="checkbox"/>	Visceral Manipulation
<input type="checkbox"/>	Integrated Manual Therapy	<input type="checkbox"/>	Pregnancy Massage	<input type="checkbox"/>	Structural Integration	<input type="checkbox"/>	Yoga

Adjunct Techniques / Modalities

<input type="checkbox"/>	Aromatherapy	<input type="checkbox"/>	Extracorporeal Shockwave Therapy
<input type="checkbox"/>	MPS Therapy (Microcurrent Point Stimulation)	<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"/>	** Trigenics
<input type="checkbox"/>	Graston	<input type="checkbox"/>	** Watsu
<input type="checkbox"/>	Therapeutic Ultrasound	<input type="checkbox"/>	** Fire Cupping

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.



Please check each box to agree to the terms and conditions below

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.

I agree to the terms and conditions as stated above

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.

I agree to the terms and conditions as stated above

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.

I agree to the terms and conditions as stated above

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.

I agree to the terms and conditions as stated above



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: _____



MTAA Active Membership Payment Information

Name of Applicant: _____

Activation Information

All Memberships are activated on the 1st of the month. If you submit your application and all documentation later than the 15 of the month, the earliest we can activate your membership is the 1st of the following month.

Cost of Membership Activation

Please be advised that the cost of activation may be prorated depending on your preferred month of activation, as all MTAA members are on a **common renewal date of July 1st of each year**. There is also a one-time \$50 application. Please select your preferred month of activation for the total cost of activation:

Month of Activation:	Membership Activation Fees:

All fees include GST

Payment Options: Please select which payment option you wish to utilize.

Credit card – (VISA, MasterCard, American Express and VISA Debit)

****If paying by credit card an additional 2% transaction fee is applied.**

E-transfer – Please contact the MTAA office to confirm the designated email to accept an E-transfer.

Cheque or Money Order – This must be received at the MTAA Office before activation can occur. The MTAA is not responsible for any mailed payment that is not received or is late.

Payment will be processed once submitted to the MTAA Admin Team.

Credit Card Number

Expiry Date

Please note that the MTAA does not keep member payment details on file and this document will be destroyed once payment has been processed.

Applications can be submitted by:

Email to: membership@mtaalberta.com

Fax to: 403-346-2269

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



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.