



Application Instructions for a Recognized Education Provider Organization (REP Org)

The REP Organization Application is for educational entities who seek either initial approval or renewal for an oncology massage therapy *Foundational Course*.

Applications are approved for a 3-year term.

Read the instructions carefully. The application will be returned if incomplete, attachments are missing, or incorrectly named. These instructions are available as a PDF as well.

Please retain copies of your completed application and supporting documentation.

If you have questions about this application, please direct them to education@S4OM.org

PREPARATION

1. Review *Education Standards for S4OM Foundational Courses* and ensure your course curriculum meets these standards
2. Establish a Contact Person (CP) within your organization who is responsible for reviewing and submitting the application. The Contact Person (CP) role is ongoing as they will communicate with the Education Committee about the application.
3. The Contact Person (CP) agrees to:
 - Review the application to ensure all is accurate and complete
 - Ensure all supporting documents are attached and properly labeled
 - Ensure that all instructors are current Preferred Practitioners (PP)
 - Respond to communications from S4OM about application status
 - Communicate with S4OM about significant REP Org changes, such as:
 - instructor additions or deletions
 - Foundational Course title changes
 - REP Organization name changes
 - significant changes to curriculum, class format or delivery
 - Communicate with S4OM about renewal process

COMPLETING THE APPLICATION

1. Ensure that each instructor receives and completes Instructor Application
2. Compile and send to education@s4om.org:
 - Completed Instructor Application(s) and corresponding documents
 - Completed REP Org Application and corresponding documents

Required attachments are listed below for all sections but you need only attach those that pertain to your application. Proper labeling of attachments is essential, or your application will be returned.

CHECKLIST FOR REQUIRED SUPPORTING DOCUMENTATION

SECTION 2

2.2 School Leadership Responsible for Oncology Massage Therapy Curriculum

- Instructor Applications for each instructor
- Teaching Experience documents for each instructor if Initial Instructor Application

How to name your document:

Format: REP Org name – Year – Document title – Instructor last name

Example: CenterforMassageTraining-2021-InstructorApp-Smith

SECTION 3

3.2 Instructor Information

- Instructor Applications for each instructor
- Teaching Experience documents for each instructor if Initial Instructor Application

How to name your document:

Format: REP Org name – Year – Document title – Instructor last name

Example: CenterforMassageTraining-2021-InstructorApp-Smith

SECTION 4

4.4 Clinical Learning Activities (CLAs) Assessment Tools - attach support material as applicable

- Assessment 1: Hands-on skills
- Assessment 2: Client communication skills
- Assessment 3: Development of massage therapy treatment plan
- Assessment 4: Comprehensive Practical

How to name your document:

Format: REP Org name -Year -Document title

Example: CenterforMassageTraining-2021-assessment1tool1

4.5 Outline for program/course content

For School Program/Course

- Outline or syllabus of the oncology massage course content

For CE/Advanced Course

- Breakdown by day and hour of the topics covered

How to name your document:

Format: REP Org name – Year – Document title

Example: CenterforMassageTraining-2021-courseoutline

TIP: Want to see an example of a course outline?

Course outline A = In-person: entire course conducted in person

Course outline B = Virtual: entire course conducted online. As noted in the Education Standards, live/synchronous supervision is required for Clinical Learning Activities (CLAs). Some course content and instruction may be delivered asynchronously.

Course outline C = Hybrid: a combination of in-person and virtual learning

SECTION 5

5.1 Organizational approval/accreditation as a massage therapy education provider

- Current approval/accreditation(s)

How to name your document:

Format: REP Org name – Year – Document title

Example: CenterforMassageTraining-2021-NCBTMBapproval

5.2 Course completion

- Blank copy of certificate/diploma

How to name your document:

Format: REP Org name – Year – Document title

Example: CenterforMassageTraining-2021-certificateofcompletion

FOLLOW UP AFTER APPLICATION SUBMISSION

1. Confirmation of receipt of application will be sent to the Contact Person (CP) email address provided in this application.
2. The Application Review Team (ART) will review the application and communicate with the Contact Person (CP) regarding status and/or any required actions.
3. Once approved the Contact Person (CP) will receive an email outlining the next steps required. The REP Organization is responsible for \$150 per organization and \$50 per instructor. The approval is valid for three years.