

Preferred Practitioner Alternate Pathway Practical Supervision and Experience Summary

A Preferred Practitioner (PP) with S4OM is an oncology trained massage therapist who has successfully completed a S4OM recognized Foundational Course, as well as other requirements. Massage therapists that have other education and experience may apply using the Preferred Practitioner Alternate Pathway.

This form is part of the Preferred Practitioner Alternate Pathway and this applicant has named you as a supervisor in their clinical massage experience. Please take a few minutes to complete this form and return to memberservices@s4om.org.

Name of PP Applicant:

Supervisor Contact Information

Name:

Title/Role:

Phone:

Email:

1. Supervised Experience:

From (MM/YYYY):

To (MM/YYYY):

2. Estimate total hours of supervision:

3. Which best describes the setting of supervision? Check all that apply:

Continuing Education (CE)/Advanced Education

Clinical (i.e., hospital, chemo infusion, internship)

Mentor/mentee relationship

Private practice

Other (please specify):

4. Supervised Experience

The [Education Standards for S4OM Foundational Courses](#) highlight the importance of knowledge acquisition and clinical learning experiences in oncology massage therapy. As a result, a student should be able to demonstrate the skills below. To the best of your ability, please assess the applicant for the following:

- *Thorough review of health history form*

Satisfactory Unsatisfactory Not observed

- *Effective communication with clients (this includes: in-depth interview and assessment of current client health status, ability to discuss adjustments to treatment plan, address client questions and demonstrate therapeutic presence)*

Satisfactory Unsatisfactory Not observed

- *Identify key information from intake to develop an oncology massage therapy treatment plan*

Satisfactory Unsatisfactory Not observed

- *Apply appropriate oncology massage protocols for common client presentations*

Satisfactory Unsatisfactory Not observed

5. Is there anything else you would like us to know about this applicant?

By signing below, the supervisor attests that all information provided is accurate and complete.

Supervisor Signature:

Date:

SAVE

CLEAR