

Recognized Education Provider Organization

INSTRUCTOR APPLICATION

Instructor applicant: Send a completed copy of this application and supporting documentation, if applicable, to your organization's Contact Person (CP). Additionally, save a copy for your own records.

REP Organization:

REP Org Contact Person:

Initial Instructor Application - **Complete Sections 1, 2 and 3**

Renewal Instructor Application - **Complete Sections 1 and 3**

Section 1: Instructor Information

Name:

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Phone:

Email:

S4OM Preferred Practitioner renewal date (mm/yyyy):

Section 2: Requirements for Initial REP Org Instructor

a) Minimum of 5 years professional massage therapy practice?

YES

NO

If no, provide description of comparable experience:

b) Minimum of 500 hours of hands-on oncology massage practice?

YES

NO

If no, provide description of comparable experience:

c) Teaching experience must be demonstrated in ONE of the following ways:

Check one box and include the supporting documentation with your application

Experience as a “teacher in training” in oncology massage therapy with a S4OM Recognized Education Provider Organization. Supporting documentation must include a letter of reference from the lead oncology massage instructor.

Educational or vocational teaching license/degree. Supporting documentation must include name of institution and dates of training and license.

Teaching experience in the last 3 years. Include both formal and informal. This document must include:

- the organizations you have taught for, or indicate if you taught independently
- names of course and/or workshop
- hours
- dates

Section 3: S4OM REP Organization Instructor Code of Conduct Agreement

As an Instructor with a S4OM Recognized Education Provider Organization, I attest that I will:

- Maintain compliance with the [S4OM Standards of Practice for Preferred Practitioners](#).
- Maintain compliance with [S4OM Education Standards for S4OM Foundational Courses](#).
- Ensure student compliance with course attendance requirements prior to awarding certificates.
- Clarify with students and prospective students the terms “certification,” “certificate of completion” and “certificate of achievement.” There is no accrediting or approving body that provides “certification” in oncology massage therapy at this time.
- Ensure that all information on this application is accurate and complete.

Name: _____ **Date:** _____ (mm/dd/yyyy)

SAVE

CLEAR