

Recognized Education Provider Organization

ORGANIZATION & FOUNDATIONAL COURSE APPLICATION

Section 1: Organization and Contact Person Information

Organization: School, business or teaching organization

Director/Owner/Founder: Person who has general and/or overall responsibility for organization

Contact Person: Person within the organization who is completing this application and responsible for ongoing communication with S4OM Education Committee

The Contact Person agrees to:

- Review [Education Standards for S4OM Foundational Courses](#) and ensure course curriculum meets these standards
- Be responsible for the review and submission of the entire application following [application instructions](#)
- Ensure all supporting documents are attached and properly labeled
- Ensure each instructor is a current Preferred Practitioner (PP) and their [Instructor Application](#) is complete
- 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

Organization Name:

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Phone:

Email:

Website:

Director/Owner/Founder

Name:

Phone:

Email:

Contact Person

Name:

Position/Title:

Phone:

Email:

Please indicate type of application

Initial Application

Renewal Application

Check the box that best describes your program and go to appropriate section

School Program: An institution that provides entry-level massage therapy education and/or continuing education/advanced massage therapy courses.

COMPLETE SECTION 2

Continuing Education (CE) Provider/Independent or Advanced Education Provider: Individual or an educational team offering continuing education for massage therapists.

COMPLETE SECTION 3

Section 2: School Program

2.1 Program/Course Title and Hours

Note: The title of the program/course must match the title on the certificate of completion/ achievement or diploma/degree.

Check the boxes associated with the curriculum in this application:

Integrated into entry-level core curriculum, either as elective or required course, leading to licensure/certificate/diploma

Title of entry level Program/Course:

Total hours of entry level Program/Course:

Total hours related to oncology massage education:

Continuing Education/Advanced Education offered by a massage therapy school

Title of Course:

CE Hours:

2.2 School Leadership Responsible for Oncology Massage Therapy Curriculum

Oncology Massage Therapy Program Director/Curriculum Coordinator/Director of Education: The person who oversees the oncology massage therapy curriculum.

Name:

Position:

Clinical Instructor(s): Faculty members providing Clinical Learning Activities (CLA) for a Foundational Course. See *Education Standards for more information about CLAs.*

Note: Each instructor must be a Preferred Practitioner (PP) and complete an Instructor Application

List name of each clinical instructor:

Attach Instructor Application for each instructor. If this is an initial application, also attach Teaching Experience document for each instructor.

Section 3: Continuing Education (CE) Provider/Independent or Advanced Education Provider

Note: The title of the course must match the title on the certificate of completion/achievement.

3.1 Course Title and Hours

Title of Course:

CE Hours:

3.2 Instructor Information

Note: Each instructor must be a Preferred Practitioner (PP) and complete an Instructor Application

Instructor Application **is required** for any person responsible for managing and/or qualified to present the entire course.

Instructor Application **is not required** for:

- Guest or Resident Lecturer: A person who either occasionally or consistently presents on a specific topic in their area of expertise
- Teaching Assistant: A person who provides support for instructor

List name of each instructor:

Attach Instructor Application for each instructor. If this is an initial application, also attach Teaching Experience document for each instructor.

Section 4: Curriculum Overview

4.1 Curriculum Summary

List prerequisites to oncology massage course:

List required texts or reference material:

Course description:

4.2 What specific sources or material were used in the development of the curriculum content of this course?

List at least three sources. If a book or research paper, include: title, author, date of publication. If using web resources, include url(s).

1)

2)

3)

4.3 Learning Outcomes

A learning outcome is a written statement that reflects the knowledge or skills that a student will have as a result of participating in the Foundational Course. An instructor should be able to assess or measure these outcomes.

Example:

Standard C: Clinical Considerations: Massage Therapy Adjustments Related to Disease and Treatment Side Effects

Learning outcome: During an oral quiz, therapists will be able to list 5 side effects of chemotherapy.

Learning outcome: During Comprehensive Practical, therapists will identify body regions at risk of lymphedema and demonstrate appropriate pressure and direction of strokes.

Learning outcome: During a role play exercise, therapists will ask a practice client at least 3 questions to identify the risk or extent of bone metastasis.

List at least two (2) learning outcomes per curriculum standard in the table provided

Standard A: The Disease: Overview of Cancer

Learning outcome:

1)

2)

Standard B: Introduction to Principal Cancer Treatments

Learning outcome:

1)

2)

Standard C: Clinical Considerations: Massage Therapy Adjustments Related to Disease and Treatment Side Effects

Learning outcome:

1)

2)

Standard D: General Massage Therapy Adjustments:

Learning outcome:

1)

2)

Standard E: Administrative Considerations

Learning outcome:

1)

2)

4.4 Clinical Learning Activities (CLA) Assessment Tools

For each skill set below, describe the assessment process used throughout the course and the Comprehensive Practical. Attach corresponding support material where applicable, such as worksheets, screen shots, video links.

Assessment 1: Hands-on skills

- Apply appropriate oncology massage protocols for common client presentations

Assessment 2: Client communication skills

- Effective communication with clients:
 - In-depth interview and assessment of current client health status
 - Discuss adjustments to treatment plan, answer any client questions and demonstrate therapeutic presence

Assessment 3: Development of massage therapy treatment plan

- Thorough review of health history form
- Identify key information from intake to develop an oncology massage therapy treatment plan

Assessment 4: Comprehensive Practical

- Describe the model of your Comprehensive Practical

4.5 Outline of program/course content

Note: *if you have virtual components, please note which are synchronous and asynchronous.*

School Program/Course: Attach an outline or syllabus of the oncology massage course content.

CE/Advanced Course: Attach a breakdown by day and hour of the topics covered. Indicate which parts are lecture, demonstration, Clinical Learning Activities, Comprehensive Practical, etc.

4.6 Course Format

Check the box associated with your course format:

In-person: entire course conducted in person

Virtual: entire course conducted online. As noted in the Education Standards, live/synchronous supervision is required for CLAs. Some course content and instruction may be delivered asynchronously.

Hybrid: a combination of in-person and virtual learning

Section 5: Related Information

5.1 Organizational approval/accreditation as a massage therapy education provider

(e.g., NCBTMB, FSMTB, COMTA, ACCSC, ABHES, ACCET, COE, or another approval/accreditation organization).
Attach a current copy, maximum of three.

Organization Name #1:

Expiration Date:

Name of Approved/Accredited Course or Curriculum:

Organization Name #2:

Expiration Date:

Name of Approved/Accredited Course or Curriculum:

Organization Name #3:

Expiration Date:

Name of Approved/Accredited Course or Curriculum:

5.2 Course Completion

Check the box for the appropriate type of certificate. *Attach a blank copy of the corresponding certificate.*

Certificate of Completion

A certificate awarded to participants at the completion of the course or program that signifies they were present and participated.

Certificate of Achievement

A certificate awarded to participants at the completion of the course or program that signifies achievement of intended learning outcomes. A test, evaluation, or assessment is administered to measure achievement.

Diploma/Degree

A document awarded by an educational institution certifying that a student has satisfactorily completed a course of study.

Section 6: S4OM REP Organization Code of Conduct Agreement

On behalf of the S4OM Recognized Education Provider Organization, I attest that we will:

- Maintain compliance with the [Education Standards for S4OM Foundational Courses](#)
- Ensure student compliance with course attendance requirements prior to awarding certificate
- Report any significant changes to the S4OM Education Committee/Application Review Team (ART). Examples of significant changes: instructor additions or deletions, changes to Foundational Course title or REP Org name, significant changes to curriculum, class format or delivery.
- 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

Signature of Contact Person:

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

SAVE

CLEAR