S4OM Recognized Education Provider Organization Application

Important Note: Before you start this application, **please read the essential application instructions** which include guidance on:

- Successful application completion.
- How to submit supporting documentation
- Information about various course delivery formats.

Applications that do not follow the available instructions will be returned for resubmission.

(Please right click on the hyperlink and select "open in new tab". Open hyperlinks in a new tab to avoid losing the progress of your application.)

Please check the appropriate box:

Initial REP Org Application *(Three-year membership with a fee structure of $150 base fee + $50 per instructor)*

Renewal REP Org Application *(Three-year membership with a fee structure of $150 base fee + $50 per instructor)*

Review all the information on the most recent REP Org application submitted. S4OM will send a copy to the Contact Person when the renewal date approaches.

> *If there are no changes*: sign and date at the end of Section 6 to show the application was reviewed and is considered current.

> *If there are changes*: please revise the application as needed. Sign, date and check the section that was modified at the end of Section 6 before submitting.

Revision to REP Org application *(To be completed only when significant changes to the course have occurred)*

Indicate all significant changes.

Sign and date the revised application in Section 6 and check all appropriate boxes.

Examples of significant changes include:

- name of REP Org
- contact information
- name of course
- number of CE hours for course
- platform or format for instruction of course

Section 1: Organization and Contact Person Information

Organization: School, business, or teaching organization

Director/Owner/Founder: The person who has general or overall responsibility for the organization

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

The Contact Person agrees to:

- Review *Education Standards for S4OM Foundational Courses* and ensure course curriculum meets these standards.

- Review and submit the entire application following application instructions

- Ensure all supporting documents are attached and properly labeled. (*Note: "How to name your document" is listed in the application instructions under the section titled CHECKLIST FOR REQUIRED SUPPORTING DOCUMENTATION).*

- Ensure each instructor is a current Preferred Practitioner (PP), and their Instructor Application is complete.

- Respond to communications from S4OM regarding application status.

- Communicate with S4OM regarding significant REP Org changes such as:
  - Instructor additions or deletions
  - Foundational Course title changes
  - REP Organization name changes
  - Substantial changes to the curriculum, class format or delivery changes, and number of CE hours (substantial changes may require a revised application submission)

- Communicate with S4OM about the renewal process

Organization

Name:

Address:

City:

Zip/Postal Code: State/Province:

Phone: Country:

Website: Email:

Contact Person

Name:

Position/Title:

Phone: Email:

Director/Owner/Founder

Name:

Phone: Email:

Society for Oncology Massage

Check the box that describes your program and complete the appropriate section.

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

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

2.1 Program/Course Title/Hours/Course Format

Program:

Course Title:

CE Hours:

Course Format: Check the box(es) associated with the format of your course.

In-person: The *entire* course is conducted in-person

Virtual: The *entire* course is conducted online.
As noted in the Education Standards, live/synchronous supervision is required for CLA.
Asynchronous instruction may be provided to support and expand the synchronous instruction.

Hybrid: The course is a *combination* of in-person and virtual learning.

2.2 Check the boxes associated with the curriculum in this application

Integrated into entry-level core curriculum, either as an elective or required courses 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

2.3 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. S*ee Education Standards for more information about CLA*.
Each instructor must be a Preferred Practitioner (PP) List each instructor and submit an [Instructor Application](#), with necessary attachments.

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/Hours/Format
Course Title:

CE Hours:

Course Format: Check the box(es) associated with the format of your course.

In-person: The *entire* course is conducted in-person

Virtual: The *entire* course is conducted online.
As noted in the Education Standards, live/synchronous supervision is required for CLA.
Asynchronous instruction may be provided to support and expand the synchronous instruction.

Hybrid: The course is a *combination* of in-person and virtual learning.

3.2 Instructor Information - Each instructor must be a Preferred Practitioner (PP)

Instructor Application *is required* for all persons responsible for managing or qualified to present the 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 instructor support.

List each instructor and submit an [Instructor Application,](#) with necessary attachments.

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 sources or materials were used in developing this course's curriculum content? List at least three sources. For books or research papers, include title, author, and 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: (a) the knowledge or skills a student will have from participating in the Foundational Course, and (b) how that knowledge or skill is objectively assessed or evaluated by the instructor. Click here for more information about Section 4.3 and 4.4.

Provide at least two (2) learning outcomes per curriculum standard listed below.

Example: (Note: there are two parts: (1) how is the assessment occurring (oral quiz, written quiz, group exercise) and (2) specific knowledge or skill being assessed or evaluated.

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.

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

Describe the **assessment process** for each of the four areas listed below. Attach corresponding support material if desired, such as worksheets, screenshots, and video links.

Please note: Please note: Assessment tools vary depending on the course format or delivery.

For each format you list (i.e., in-person, virtual, or hybrid) please **describe the assessment tools used for the four skill sets below**. The box will expand as needed, no additional attachment or application is necessary.

Assessment 1: Hands-on skills

- Describe how you assess students' hands-on skills as they apply appropriate oncology massage protocols for common client presentations.

Assessment 2: Client communication skills

- Effective communication with clients:
    - Describe how you evaluate the student's ability to conduct an in-depth interview and assess the client's current health status.
    - Describe how you evaluate a student's ability to discuss needed adjustments to the treatment plan, answer client questions, and demonstrate therapeutic presence.

Assessment 3: Development of massage therapy treatment plan

● Describe how the student's proposed massage treatment plan is evaluated to ensure they have thoroughly reviewed the health history and designed a safe therapeutic session.

Assessment 4: Comprehensive Practical

● Describe the model(s) of your Comprehensive Practical, which includes how it is set up and managed, and how each student is evaluated.

4.5 Detailed outline of program

Attach a detailed outline/syllabus of program broken down by day and hour. Indicate lectures, demonstrations, CLA, Comprehensive Practical, etc. If you have virtual components indicate which parts are synchronous and asynchronous.

Section 5: Related Information

(e.g., NCBTMB, FSMTB, COMTA, ACCSC, ABHES, ACCET, COE, or another approval/accreditation organization).

Attach documentation showing status—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 after the course or program signifying that they were present and participated.

Certificate of Achievement

A certificate awarded to participants after the course or program signifying the 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

S4OM REP Org Initial Application:

Please ensure that you have properly saved this application to your Google Drive or to your computer files, so you have a copy for your own records.

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

Maintain compliance with the S4OM **Education Standards for Foundational Courses.**

Ensure student compliance with course attendance requirements before awarding the certificate.

Report on any significant changes to the S4OM Application Review Team. Examples of significant changes: instructor additions or deletions, changes to the Foundational Course title or REP Org name, substantial changes to curriculum, class format or delivery changes, and number of CE hours.

Currently, there is no national accrediting or approving body that provides "certification" in oncology massage therapy. Clarify with students the definition of the terms *certification, certificate of completion and certificate of achievement*.

Ensure that all information on this application is accurate and complete.

Signature of Contact Person:

Name:

Date:

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S4OM REP Org Renewal
(this is completed every three years)

Please ensure that you have properly saved this application to your Google Drive or to your computer files, so you have a copy for your own records.

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

Maintain compliance with the S4OM **Education Standards for Foundational Courses.**

Ensure student compliance with course attendance requirements before awarding the certificate.

Report on any significant changes to the S4OM Application Review Team. Examples of significant changes: instructor additions or deletions, changes to the Foundational Course title or REP Org name, substantial changes to curriculum, class format or delivery changes, and number of CE hours.

Currently, there is no national accrediting or approving body that provides "certification" in oncology massage therapy. Clarify with students the definition of the terms *certification, certificate of completion and certificate of achievement.*

Ensure that all information on this application is accurate and complete.

Signature of Contact Person:

Name:

Date:

If there were changes, which sections were revised?

Section 1   Section 2   Section 3

Section 4   Section 5

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S4OM REP Org Revision
(this is completed as needed)

Please ensure that you have properly saved this application to your Google Drive or to your computer files, so you have a copy for your own records.

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Maintain compliance with the S4OM **Education Standards for Foundational Courses**.

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Report on any significant changes to the S4OM Application Review Team. Examples of significant changes: instructor additions or deletions, changes to the Foundational Course title or REP Org name, substantial changes to curriculum, class format or delivery changes, and number of CE hours.

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Ensure that all information on this application is accurate and complete.

Signature of Contact Person

Name:

Date:

Which sections were revised?

Section 1   Section 2   Section 3

Section 4   Section 5