



## Mentoring Form

This form should be used to document mentoring activities. Mentoring or supervision is defined as an activity in which a massage therapist observes or shadows the practice of another health professional in order to obtain a better understanding of other modalities or to learn new techniques. A copy of all completed mentoring forms should be submitted with your CEUs.

**Note: A maximum of 5 CEUs per reporting cycle can be obtained via self-directed study.**

### 1 Category A credit per 2 hours of shadowing

**[Note that an equal number of credits are awarded to both the mentor (if a PEIMTA member) and the shadowing therapist].**

Member Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mentor's Name: \_\_\_\_\_

Mentor's Qualifications (profession, credentials, number of years of training, number of years in practice): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please ensure that there is a confidentiality agreement in place between you and the mentor,  
and that client consent is obtained.***

Massage Therapist: please write below a brief description of your observations and learning experiences (additional paper or the back of this form may be used as necessary).

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Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_ Total hours of mentoring: \_\_\_\_\_

Please note that signing or issuing, in your professional capacity, a document that you know contains false or misleading statements is a matter of professional misconduct and will be referred to the Disciplinary Committee if deemed necessary.

**Please submit copies of all documentation to the PEIMTA office and allow up to 10 weeks for completion of the evaluation process.**

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