

Study Group Participation Form

A separate form must be completed for each study session for credit to be approved. Please ensure that this form is saved for submission with your CEUs at the end of your cycle, as well as saved for your personal records.

Group study sessions may be evaluated by the CEU Committee on a random basis as part of the process, in order to confirm assessed credits. Therefore, a representative of the group is required to provide to the Committee the name, mailing address, telephone and emails of each of the individuals involved, who may be contacted concerning activity evaluation. One of these contact persons should be the instructor or group facilitator.

Study groups must be a minimum of 3 participants. The study material must be consistent with the Scope of Practice established by the PEIMTA, and have significant content directly related to the practice of massage therapy. Category A or Category B classification depends upon the subject matter being studied.

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

Member Name: _____ Membership Number: _____

Address: _____ City: _____

Postal Code: _____ Tel: _____ E-mail: _____

Pre-approval date: _____ Signature: _____

Attach the following detailed descriptive documentation: *Note that any missing documentation will affect the assessment.*

- Content – must include more than a study title; marketing and promotional literature are **not** valid course outlines.
- Format – e.g. hands-on practice on other participants or participants' clients; discussion of theory; lecture.
- Study materials – e.g. manuals, texts or video (incl. Title and date of publication).
- Duration and frequency – e.g. 1 hour sessions for 6 months, meeting twice/month; 3 hour sessions for 12 weeks, meeting once/week.

Provide written answers to the following:

1. Explain how this study group has been or will be beneficial to your practice.
2. Include at least one relevant, anonymous case history or clinical record to demonstrate the client benefit received specifically and directly as a result of your study group.
3. Any other comments.

I, _____ confirm that I have completed the above and am hereby submitting this material as a component of my CEUs as per PEIMTA policy.

Signed: _____ Date: _____

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.

