



## Refresher Course Tutoring Program Plan

### Applicant/Registrant Contact Information

<b>First Name:</b>		<b>Last Name:</b>	
<b>Phone Number:</b>		<b>E-mail Address:</b>	

### Tutor Contact Information

<b>First Name:</b>		<b>Last Name:</b>	
<b>Phone Number</b>		<b>E-mail Address:</b>	

Program	Reason	Duration
<b>Refresher Course Tutoring</b>	<input type="checkbox"/> Education currency for exam <input type="checkbox"/> Education currency for registration <input type="checkbox"/> Practice currency for Registrant	<input type="checkbox"/> Standard Refresher Course (min. 10 hrs. in-person practical) <input type="checkbox"/> Enhanced Refresher Course (min. 16 hrs. in-person practical)

<b>Date of RCAT Review Session</b>	<b>Date:</b>
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<b>Plan Approved by CMTO</b>	Date:	Staff Name/Title:
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Area of Study	Specific Topics for Review	Hours Required	Resources/Readings
Communication		Self-study: ____ Distance: ____ In-person: ____ ----- # Practical: ____	
Professionalism		Self-study: ____ Distance: ____ In-person: ____ ----- # Practical: ____	
Therapeutic Relationship		Self-study: ____ Distance: ____ In-person: ____ ----- # Practical: ____	

Area of Study	Specific Topics for Review	Hours Required	Resources/Readings
Assessment		Self-study: ____ Distance: ____ In-person: ____ ----- # Practical: ____	
Treatment Principles		Self-study: ____ Distance: ____ In-person: ____ ----- # Practical: ____	
Massage Techniques		Self-study: ____ Distance: ____ In-person: ____ ----- # Practical: ____	

Area of Study	Specific Topics for Review	Hours Required	Resources/Readings	
Therapeutic Exercise		Self-study: ____ Distance: ____ In-person: ____ ----- # Practical: ____		
Thermal Applications		Self-study: ____ Distance: ____ In-person: ____ ----- # Practical: ____		
<b>TOTAL NUMBER OF HOURS:</b>			<b>EXPECTED COMPLETION DATE:</b>	
I have reviewed the program outlined above that was created by the CMTO-approved Tutor engaged by me for this purpose and agree to complete the program as described with a total of _____ hours of remediation, including _____ hours of practical instruction.				
_____ <b>Signature of Applicant/Registrant</b>			_____ <b>Date</b>	

## Confirmation of Refresher Course Completion

### Applicant/Registrant Confirmation of Program Delivery

I confirm that my Refresher Course tutor provided all components of the Refresher Course program plan as submitted to and approved by CMTO.

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**Signature of Applicant/Registrant**

**Date**

### Tutor Confirmation of Program Completion

I confirm that \_\_\_\_\_  
(name of Applicant)

participated in all of the Refresher Course program plan components, including a review of the competencies outlined in the *Inter-jurisdictional Practice Competencies and Performance Indicators at Entry-to-Practice* document, and completed all review tasks assigned.

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**Signature of Tutor**

**Date**

## CMTO Refresher Course Evaluation - Tutor

Your Name: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If applicable)*

Please submit the following evaluation to [registrationservices@cmto.com](mailto:registrationservices@cmto.com) within one week of completing the Refresher Course.  
 Please place a checkmark "✓" in the appropriate column and provide any additional comments in the space provided.

	Not at All Helpful	Not So Helpful	Somewhat Helpful	Very Helpful	Extremely Helpful
The assessment tool helped identify the competencies that needed development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was easy to use and understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was helpful in creating an effective customized course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The tool helped track progress throughout the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using this process prevented repeating areas of study and practice that did not need to be refreshed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The participant was receptive and actively engaged in the tutoring process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Additional Comments (please use a separate page if needed):***

## CMTO Refresher Course Evaluation – Applicant/Registrant

Your Name: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If applicable)*

Please submit the following evaluation to [registrationservices@cmto.com](mailto:registrationservices@cmto.com) within one week of completing the Refresher Course.  
 Please place a checkmark “✓” in the appropriate column and provide any additional comments in the space provided.

	Not at All Helpful	Not So Helpful	Somewhat Helpful	Very Helpful	Extremely Helpful
The assessment tool helped identify the competencies that needed development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was easy to use and understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was helpful in creating an effective customized course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The tool helped track progress throughout the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using this process prevented repeating areas of study and practice that did not need to be refreshed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Tutor was knowledgeable and provided an appropriate learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Additional Comments (please use a separate page if needed):***