



Refresher Course Tutoring Program Plan

Applicant/Registrant Contact Information			
First Name:		Last Name:	
Phone Number:		E-mail Address:	
CMTO ID:			

Tutor Contact Information			
First Name:		Last Name:	
Phone Number		E-mail Address:	

Program	Reason	Duration
Refresher Course Tutoring	<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. practical) <input type="checkbox"/> Enhanced Refresher Course (min. 16 hrs. practical)
Date of RCAT Review Session		Date:

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

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

Area of Study	Specific Topics for Review	Hours Required	Resources/Readings	
Therapeutic Exercise		Self-study: ____ In-person: ____ Remote: ____ ----- # Practical: ____		
Thermal Applications		Self-study: ____ In-person: ____ Remote: ____ ----- # Practical: ____		
TOTAL NUMBER OF HOURS:			EXPECTED COMPLETION DATE:	
<input type="checkbox"/> I have discussed the program outlined above with the participant.				
<hr/> Name and Signature of Tutor		<hr/> Date		

Applicant/Registrant 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.

- I confirm that I have completed the online Refresher Course Evaluation survey and that the completion of the evaluation survey is a **mandatory requirement** of the Refresher Course:
<https://www.surveymonkey.com/r/6YGJGL5>

Signature of Applicant/Registrant

Date

Tutor Confirmation of Refresher Course Completion

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.
- I confirm that I have completed the online Refresher Course Evaluation survey and that the completion of the evaluation survey is a **mandatory requirement** of the Refresher Course:
<https://www.surveymonkey.com/r/6YGJGL5>

Tutor Name
(Please print)

Signature of Tutor

Date