Emergency Class Supervision Agreement

Individuals in the Emergency Class of registration must have met all the requirements for a General Certificate of registration except successfully completing the Objectively Structured Clinical Evaluation (OSCE) certification examination. For this reason, an Emergency Class registrant must practise under the supervision of a Registered Massage Therapist/Massage Therapist (RMT/MT)) in the General Class.

The Emergency Class Supervision Agreement must be signed by the Supervisor and Emergency Class registrant and approved by CMTO before the Emergency Class registrant begins practice.

1. Supervisor Requirements and Responsibilities

(to be completed by the proposed Supervisor)

A: Supervisor Contact Information

First Name:_____ Last Name: _____

Email: _____

CMTO Registration #: _____ Tel: _____

B: Supervisor Qualifications

I confirm that I:

a. Hold a General Certificate in good standing with CMTO.
b. Have experience practicing Massage Therapy for a minimum of five years in Ontario and/or another regulated Canadian jurisdiction.
c. Do not have any current practice concerns and have had no practice concerns within the previous three years.
d. Do not have any terms, conditions, or limitations on my certificate of registration that prevent me from supervising another RMT/MT.

C: Supervisor Responsibilities

I understand and agree that as the Supervisor of an Emergency Class registrant, I must:

i. Comply with legislation, regulations, by-laws, and standards governing the practice of Massage Therapy in Ontario.
ii. Ensure that there is no conflict of interest with the Emergency Class registrant I am supervising, and that I am prohibited from supervising family or friends.
iii. Ensure they I am available to assist/consult the Emergency Class registrant as needed.
iv. Be on-site at all times the Emergency Class registrant is providing Massage Therapy services.
v. Ensure that the supervised Emergency Class registrant has the knowledge, skill, and judgement to deliver safe and competent care.
vi. Complete a consultation with the Emergency Class registrant at least once every day that the Emergency Class registrant provides Massage Therapy services. These consultations must include the following:
    1. Disclosure from the Emergency Class registrant of every time they have provided treatment of a sensitive area as defined in CMTO's Consent Standard, and
    2. A review of treatments provided by the Emergency Class registrant since the last consultation.
vii. Report any concerns about an Emergency Class registrant to CMTO. I must report to CMTO if the privileges of an Emergency Class registrant are revoked, suspended, or have imposed restrictions on them for reasons of professional misconduct, incompetence, or incapacity.
viii. Provide supervision for no more than two (2) Emergency Class registrants per day if I am also treating my own patients, and no more than five (5) Emergency Class registrants per day if I am not also treating my own patients.
ix. Follow up directly with every patient who is treated by the Emergency Class registrant to confirm that they felt the care they received was professional and that they felt safe. The follow-up must occur after the patient's first appointment and at my discretion thereafter.

Section D: Supervisor Attestations

I understand and agree that:

i. If I cease to meet the Supervisor qualifications noted in Section B above, CMTO will remove my authority to provide supervision. YES NO

ii. Supervision must not begin until the Emergency Class registrant and I have received approval from CMTO. YES NO

iii. If an Emergency Class registrant is the subject of a complaint or investigation, CMTO will investigate the Emergency Class registrant for the practice concerns and may also investigate me as the Emergency Class registrant's Supervisor to determine if my supervision of the Emergency Class registrant was appropriate. YES NO

_____ _____

Signature of Supervisor Date

Emergency Class Registrant Requirements and Responsibilities

(To be completed by the Emergency Class Registrant)

E: Emergency Class Registrant Contact Information

First Name:_____ Last Name: _____

Email: _____

CMTO Registration #: _____ Tel: _____

F. Emergency Class Registrant Responsibilities

I understand that as an Emergency Class registrant, I must:

i. Comply with legislation, regulation, by-laws, and standards governing the practice of Massage Therapy in Ontario.
ii. Secure a Supervisor for approval by CMTO, and that I may have only one Supervisor per workplace.
iii. Notify CMTO if my current Supervisor is no longer able to fulfill their Supervisory responsibilities and stop practising unless/until I secure a new Supervisor approved by the College.

iv. Practice in accordance with the terms, conditions, and limitations on my certificate of registration.

v. Prior to providing treatment, inform clients that I am an Emergency Class registrant who must practise under supervision, and obtain consent from every client that they are comfortable receiving treatment from me.

vi. Provide my Supervisor's contact information to every client so they may report any concerns.

vii. Only practice Massage Therapy when competent to do so safely and effectively, and within the limits of my knowledge, skills, and judgment.

Section G: Emergency Class Registrant Attestations

I understand and agree that:

i. Supervision must not begin until the proposed Supervisor and I have received approval from CMTO. YES NO

ii. If I am the subject of a complaint or investigation, CMTO will investigate me for the practice concerns and may also investigate my Supervisor to determine if their supervision of me was appropriate. YES NO

_____ _____

Signature of Emergency Class Registrant Date