



Association
Nationale des
Massothérapeutes

National
Association of
Masse therapists

APPLICATION FOR ACCREDITATION

Name of educational institution

Does the institution hold a permit issued for income tax purposes ? _____

Date the institution opened : _____

Website : _____

Facebook page: _____

Contact information for directors

First name, Last name

Fist name, last name

Address

Address

Phone #

Phone #

Email

Email

Other accreditations

Indicate any other organizations that have accredited or recognized your training programs:



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Postal or virtual information of the educational institution

Physical address

Téléphone

Courriel(s)

Physical Class _____ **Virtual class** _____

Indicate the address(es) where the training is given if other than the educational institution's postal address. Attach an additional sheet of paper if you need more room.

Address 1 – If the class address is virtual, please indicate the address.

If near a metro station, which one ? _____ Parking Yes ___ No ___

Address 2 – If the class address is virtual, please indicate the address.

If near a metro station, which one ? _____ Parking Yes ___ No ___

Contact person (for course outline, tuition fees, information, etc.)

Phone #

Email (s)

Language of the courses

French : _____ English : _____ Other, please specify : _____



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List of course(s) and/or diploma(s) and duration (hours)

_____ hours
Course name _____ **Duration**

Prerequisite necessary? _____ If so, specify : _____

_____ hours
Course name _____ **Duration**

Prerequisite necessary? _____ If so, specify : _____

_____ hours
Course name _____ **Duration**

Prerequisite necessary? _____ If so, specify : _____

_____ hours
Course name _____ **Duration**

Prerequisite necessary? _____ If so, specify : _____

A student who graduates from your institution will receive one or more documents entitled (Attach any documents and specimen of the diploma, certificate or attestation along with your Application of Accreditation) :

Number of students in one class : From _____ to _____



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Documents which must be submitted with your Application for Accreditation

- Course synopsis
- Resumés
- Copies of certificates, diplomas, attestations of ALL teaching staff as well as a copy of their photo ID.
- Advertising, business cards, etc.
- Any other documents that may be necessary or useful to the accreditation process

We encourage you to attach additional information to this request if you deem it necessary. Please note that when you have additions, new training, please notify us so that we can include them in your file in order to properly respond to requests from interested parties.

Many thanks for the trust you have shown us and long live your involvement in teaching techniques that help people and their well-being.

SOLEMN DECLARATION (please answer all questions)

Has a civil and/or legal action already been filed against you?

Yes _____ No _____

Has a professional complaint and/or lawsuit ever been filed against you?

Yes _____ No _____

Have criminal charges ever been filed against you?

Yes _____ No _____

Have you ever been expelled and/or suspended from an organization or association? Yes _____ No _____

I solemnly declare that the above statements are true and undertake to report to the NAM any changes relating to these answers after the signing of this declaration within 10 days of the change(s), under penalty of cancellation of my accreditation immediately, be it temporary or permanent, the decision being left to the discretion of the NAM.

The undersigned certifies that the information given in this application is true and declares neither to have omitted nor misstated any material facts. I understand that incorrect statements or omissions may void my acceptance to the National Association of Massotherapists.

I hereby declare that I have read the official NAM Code of ethics and accept to comply to the contents of all regulations. I understand that should I not comply, I will be exposed to sanctions and/or radiation and/or disciplinary fines.

Yes _____ No _____

Date: _____

Signature: _____

Email: _____ Signed in: _____



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Provisions related to the Act respecting the protection of personal information in the private sector

You have given us information regarding your private file and unless otherwise instructed by yourself, we shall consider that you consent to our keeping in a file, all information you have already given or may give us, orally, in writing, virtually, computerized, etc. We shall also consider, unless otherwise instructed by yourself by registered mail or email, that your consent is valid for a period of five years.

Consent

I hereby consent freely to the Act, that the National Association of Massotherapists will gather in a file from now on, all the information that I will transmit whether it be written, oral or computerized.

Date: _____ **Signature:** _____

Email: _____ **Signed in:** _____

Please sign and return this request and include all necessary documents by mail or to the email address below.