



## 2020 AMTA CALL FOR SPEAKERS APPLICATION

### SPEAKER INFORMATION

FULL NAME		AMTA MEMBER ID	
STREET ADDRESS, CITY, STATE, ZIP CODE			
EMAIL ADDRESS		PHONE NUMBER	

### COURSE INFORMATION

PROPOSED COURSE TITLE	
PRIMARY TOPIC AREA	<input type="checkbox"/> Business <input type="checkbox"/> Ethics <input type="checkbox"/> Health Care <input type="checkbox"/> Practical/Technique <input type="checkbox"/> Research <input type="checkbox"/> Self-Care <input type="checkbox"/> Teachers/Schools
SECONDARY TOPIC AREA	<input type="checkbox"/> Business <input type="checkbox"/> Ethics <input type="checkbox"/> Health Care <input type="checkbox"/> Practical/Technique <input type="checkbox"/> Research <input type="checkbox"/> Self-Care <input type="checkbox"/> Teachers/Schools
PRIMARY AUDIENCE	<input type="checkbox"/> Introductory <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
WHAT PRIOR EXPERIENCE SHOULD STUDENTS HAVE?	
LENGTH OF COURSE	<input type="checkbox"/> 2 hours ( <i>lecture only</i> ) <input type="checkbox"/> 4 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> 8 hours
FORMAT OF COURSE	<input type="checkbox"/> Lecture <input type="checkbox"/> Technique-based <u>without</u> table <input type="checkbox"/> Technique-based <u>with</u> table
FOR TECHNIQUE-BASED, % THAT IS HANDS-ON	<input type="checkbox"/> 0-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100%
PREFERRED FORMAT	<input type="checkbox"/> Face-to-face <input type="checkbox"/> Online course

### REFERENCES

Please provide the name, e-mail and phone number of a reference who has attended a session you presented within the last 2 years and can provide information on the session that you presented.

NAME	
EMAIL ADDRESS	
PHONE NUMBER	
SESSION/COURSE ATTENDED	

**SPEAKER BIO**

30-50 words that highlight your qualifications to teach this session.

**Example:** *XXX is a professional educator, community educator and massage therapist. As an Integrative Medicine Coordinator at XXX, they facilitate patient education programs, including XXX. Supported by experiences in higher education administration and instruction, they created the XXX program.*

**COURSE DESCRIPTION**

Include a 2-3 sentence description for your session to be used in promotional material (this may be edited by AMTA).

**Example:** *Military veterans can face health concerns upon returning from service, from chronic pain related to physical injuries to emotional and psychological issues such as post-traumatic stress disorder (PTSD). Research indicates massage therapy can benefit military veterans and the unique challenges they might face. Hear a panel of experts discuss the science and benefits of massage therapy for military veterans and how to work with military veterans in your massage practice.*

**RELEVANCE OF COURSE**

Briefly explain why the course is relevant to massage therapy.

**Example:** *Increasingly veterans are seeking care from massage therapists for a variety of conditions. Understanding the complexity of needs represented by this population is key to creating an effective plan for working with these clients. This panel of experts brings a unique perspective for attendees enhancing understanding of working with veterans.*

### SCHEDULE OF COURSE

Provide a brief overview/outline that provides an approximation of the number of hours or minutes spent on each topic. Total time allocated should equal the total length of the course.

**Example:** 2 hour session = 120 minutes

15 minutes = Introduction; 25 min – Topic 1; 25 min – Topic 2; 25 min – Topic 3; 20 min – Moderated Q&A; 10 min - Closing

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<b>SAMPLE HANDOUT OR PRESENTATION (REQUIRED)</b>	<input type="checkbox"/> I am submitting a sample handout	<input type="checkbox"/> I am submitting a sample presentation
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### LEARNING OBJECTIVES

List objectives in measurable terms which are attainable and can be evaluated. Objectives must be relevant to the practice of massage therapy.

**Example:** At the end of this course, attendees will be able to:

- Identify physical and mental health issues facing veterans.
- Describe the agencies that work with veterans.
- Identify current research supporting the benefits of massage therapy for veterans.
- Identify the role of massage therapy as part of the client's health care team.

**At the end of this course, attendees will be able to:**

1.	
2.	
3.	
4.	
5.	

**TEACHER STRATEGIES**

*Check off the strategies you plan to use to present the program content.*

<input type="checkbox"/> PowerPoint presentation (or similar)	<input type="checkbox"/> Group discussion	<input type="checkbox"/> Other <i>(please specify)</i>
<input type="checkbox"/> Video	<input type="checkbox"/> Panel discussion	
<input type="checkbox"/> Case studies	<input type="checkbox"/> Q&A session	
	<input type="checkbox"/> Hands-on technique practice	

**LEARNING ENVIRONMENT**

*Describe how the course is setup to help attendees learn.*

**Example:** *Participants will be exposed to multiple perspectives on working with military veterans. The course will help attendees see how this plays out in the real-world with specific examples being provided. A moderated Q&A session at the end will hit on common questions attendees might ask.*

**BIBLIOGRAPHY**

*List references that support the content presented. Research should be current (completed within the last 3-5 years).*

**CLASS NEEDS**

*What materials will attendees be required to bring with them?*

## CHECKLIST FOR CE APPROVAL

NCBTMB and state massage therapy boards require submission of a copy of AMTA National Convention speakers' diplomas, degrees, licenses, or certificates. AMTA will submit all courses for continuing education credit to the NCBTMB and state licensing boards. Regardless of whether you have received approval through these organizations independently, we ask you to provide a copy of these documents as it relates to your topic. **Reminder:** As required by NCBTMB Approved Provider guidelines, electronic copies of documents must be submitted along with the application.

<b>Submit all documentation</b> (if applicable)	<input type="checkbox"/> CV or Resume <b>(Required)</b>
	<input type="checkbox"/> Copy of health care provider license, massage, chiropractic, medical, etc.
	<input type="checkbox"/> Certificate of completion of massage school/program
	<input type="checkbox"/> BCTMB or other national massage certification
	<input type="checkbox"/> BCTMB approved continuing education provider certificate
	<input type="checkbox"/> Other
<input type="checkbox"/> Notification of undergraduate or graduate degree	
<b>University Name and Location</b>	
<b>Year of Graduation</b>	

**If applicable**, list current professional certifications. Include certification name, number and expiration date.  
(e.g., BCTMB, CST, NMT, etc.).

## Audio Visual Information

Because of the size of convention and expected class capacity, each room will be provided:

- one wireless lavalier microphone
- an LCD projector with screen
- a riser if session is hands-on

*\*All presenters must furnish their own laptop. AMTA is unable to provide laptops, massage tables/chairs, linens or oils/lotions for presenters or participants.*

**LOUISIANA STATE BOARD OF MASSAGE THERAPY REQUIREMENTS**

Each program presented for Louisiana CEU credits shall be relevant to and focus on massage theory, practice, methods, or laws, regulations, business or ethical principles pertaining to the practice of massage therapy or the operation of a massage therapy business and shall have stated learning objectives. No Louisiana CEU credits will be approved for programs that include instruction in diagnosis, the treatment of illness or disease, or any service or procedure that otherwise exceeds the scope of massage therapy as defined by R.S. 37:3552(10).

Each program presented for Louisiana CEU credits shall be taught by a person who:

- Holds a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the U.S. Department of Education, or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered  
**OR**
- Has completed at least five years of professional experience in the practice of massage therapy  
**OR**
- Has completed at least 100 hour of non-entry level education in the subject matter to be offered and has a minimum of two years of professional experience in the subject.

I attest that I comply with the above noted Louisiana State Board of Massage Therapy requirements.

YES       NO

If NO, please describe why you do not comply.

**MISSISSIPPI STATE BOARD OF MASSAGE THERAPY REQUIREMENTS**

Each program presented for Mississippi CEU credits shall be taught by a person who meets the criteria of either paragraph (A) or (B) below:

- (A) Holds a minimum of a bachelors degree from a college or university which is accredited by a regional accrediting body recognized by the United States Department of Education, or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered  
**OR**
- (B) Has completed three years of professional experience in the practice of massage therapy; AND,
  - i. Has, within the last five years of practical experience, had a minimum of two years teaching experience in the subject matter to be offered  
**OR**
  - ii. Has completed specialized training in the subject matter and has a minimum of two (2) years of practical experience in the subject.

I attest that I comply with the above noted Mississippi State Board of Massage Therapy requirements.

YES       NO

If NO, please describe why you do not comply.

### SPEAKER DISCLOSURE FORM

The American Massage Therapy Association (AMTA) is committed to ensuring an objective and unbiased presentation of all its professional education activities. With this in mind, we ask all presenters to disclose any actual, potential or perceived vested interests that may have a direct or indirect influence on the subject matter being presented.

It is not the intent of this declaration to prevent a speaker with potential vested interest from making an educational presentation (where continuing education hours are awarded). However, making such information available to the attendees will assist them in forming their own judgment about the content presented.

Disclosure should include any relationship that may bias the speaker's presentation or which, if known, could give the perception of bias. Such relationships may include, but are not limited to:

- a non-paying position of influence such as officer, board member, trustee, or public spokesperson
- consulting fees or other remuneration (payment) employment
- any in kind benefits or services
- ownership or partnership
- receipt of royalties
- research grants
- speakers bureau
- stock options or bond holdings in a for-profit corporation or self-directed pension plan

#### CHECK THE ONE THAT APPLIES

I have **no** relationships to disclose.

I declare that I have an interest or affiliation with an organization that might be perceived as a real or apparent conflict of interest. I authorize the disclosure of this existence (i.e., the organization and the type of relationship) in materials related to the educational event.

*If a relationship exists, please list the name of the organization and identify the potential conflict by type of relationship (see above for examples). The list of speakers who have disclosed relationships will be included in the materials associated with the educational event. This list will include the nature of the relationship and the associated organization.*

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I hereby attest that the information in this application is true to the best of my knowledge. **(Required)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_