

**COMMISSION ON MASSAGE THERAPY ACCREDITATION
(COMTA)**

ADMINISTRATIVE STAFF PERSONNEL FORM

Form must be typed or legibly written

Name of School _____

Name of Employee _____

Positions/Titles _____

Date Hired _____ Number of hours employed per week _____

Position is considered: Salaried Hourly FT PT

General summary of primary job responsibilities:

Name of Supervisor _____ Title _____

Work History (Do NOT include current position.)

Name of Company/Organization	Dates Employed		Title/Position
	From	To	

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Education

Name of School	Area of Study	Dates Attended	Diploma, Degree, or Certification

Specialized Training (Especially in areas related to current position.)

Name of Program	Area of Study	Dates Attended

Professional Affiliations

Special Recognition and Awards

Please complete this form in its entirety. A resume may be attached as a supplement, but should not be submitted in lieu of completing this document. Attach additional pages if more space is needed.