

**Commission on Massage Therapy Accreditation
(COMTA)**

INSTRUCTIONAL 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 X FT _____ PT X

Subjects Taught _____

Other Responsibilities _____

Education

Name of School	Area of Study	Dates Attended	Degree/Certificate

Specialized Training (Especially in areas of teaching. Include specific training in teaching methods.)

Name of Program	Area of Study	Dates Attended

Licenses, Registrations, Certifications

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Continuing Education (For past 2 years - include self-development activities)

Name of Program	Area of Study	Presented By	Dates Attended

Experience (Related to your current position with the school)

Job Title	With Whom	Dates Employed

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 required.