

COMMISSION ON MASSAGE THERAPY ACCREDITATION
(COMTA)

April 2018

APPLICATION FOR CREDENTIAL CHANGE
Appendix D.17

DIRECTIONS: Complete, sign and upload this application form within the New Program Application in EDvera.

Date _____

Name of Institution _____

Address _____

City _____ State/Province _____ Zip _____

Phone _____ Fax _____ Email _____

Person requesting change _____ Title _____
(Print Name)

Name of person to whom COMTA mailings/correspondence should be directed:

Email address of that person: _____

Type of Accreditation (mark one): *Programmatic* or *Institutional*

Name(s) of Program(s) (**list all programs within the institution that are part of your accreditation**)

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REQUIRED ATTACHMENTS TO THE CREDENTIAL APPLICATION

- Notify COMTA in writing of the proposed change.
- Submit evidence the institution has the recognition of the appropriate jurisdictional authority to administer the program and provide the credential proposed.
- Outline in writing how this change will impact on the other program(s) within the institution that is part of the current original accreditation action.
- Submit response to Standard IX (Appendix D.17a)
- Provide Program Content Form (Appendix F.2) showing courses, clock hours and credits for each. This must comply with COMTA Degree Standard IX (see above).
- Provide syllabi for each course in the program, compliant with COMTA Syllabus Guidelines.
- Audited financial statements
- Budget
- Business plan including enrollment projections and revenue projections
- Submit appropriate fee for the change, payable to COMTA (See appendix A.2). Contact the COMTA office for an invoice.

OTHER INSTRUCTIONS

- Schools must submit all documents electronically.

THIS CREDENTIAL CHANGE HAS BEEN SUBMITTED BY:

(Signature) – School Owner or School/Program Director (not-profit)

(Type name)