



Wholistic Practitioner Membership

Definition of a Wholistic Practitioner Membership:

A Wholistic Practitioner that is:

- Certified by a program for a wholistic modality that MTWPAM supports.
- Currently practicing in their qualified field in NS, PEI or NB.
- Able to qualify for liability / malpractice insurance under their modality.

Requirements for Wholistic Practitioner:

Certified by an accredited teacher/school/program for the supported wholistic modality.

- * *Wholistic Practitioner memberships provides a qualified practitioner with an association registration number, standards and recognition in which the public can feel confident they are trained and carry liability / malpractice insurance.*
- * *Membership DOES NOT always allow the Wholistic Practitioner to be recognized by any insurance company and may not be able to issue receipts for reimbursement. Each therapist must contact insurance companies to confirm that their modality is recognized by that particular company.*
- * *A Wholistic Practitioner membership in NO way recognizes the practitioner as a Registered Massage Therapist. A Wholistic Practitioner cannot bill under, or make receipts for Massage Therapy, and receives a separate membership number which is not recognized by insurance companies as Massage Therapy.*

To apply for **Wholistic Practitioner membership**, please confirm and include all the following documentation is in your application package.

Wholistic Practitioner Membership Self Checklist

- Completed Application form
- Photocopy of certificate(s) of accredited/recognized supported wholistic modality training.
- Any documented evidence of practical experience.
- Summary of all applicable hours including education, clinical experience, training, relevant work experience, volunteering etc. (A basic resume style)
- Proof of professional liability insurance.
- Copy of current First Aid/ CPR
- Minimum of two (2) Reference letters.
- Certified cheque or money order for your yearly dues and on refundable application fee (made payable to MTWPAM). Check to see if you are prorated depending on application date.

- Please submit all documentation to ensure prompt processing of your application. (approximately 3 weeks)*
- Do not send any documentation that you would need returned.*
- Please note that membership status may be delayed if all documentation is not received.*
- Membership dues are non-refundable*



Membership Dues

Registration Start Date 2012	Wholistic Practitioner Membership (\$40 processing fee)	Wholistic Practitioner Student
January 1st - June 30th	\$115 (\$75 + \$40)	No Charge
July 1st - October 31st	\$96.25 (\$56.25+ \$40)	No Charge
November 1st - December 31st Membership for 2013 included	\$171.25 (\$131.25+ \$40)	No Charge

*Processing fee is one time only unless you have let your membership lapse and must re-apply.

* All membership dues are non refundable.

To have your membership fully renewed and your registration number active the therapist or practitioner must submit a copy of their insurance papers, renewal application and fees to the association no later then the expiry date of December 31st 2012. Failure to renew by the end of February will result in your membership being suspended and the insurance companies being notified until your membership dues have been paid. You will also need to re-apply.

Membership RENEWAL Date for 2013	Wholistic Practitioner Membership	Wholistic Practitioner Student
Before December 31, 2012	\$75	No Charge
January 1st - March 1st	\$100 (\$75 + \$25 late fee)	No Charge
After March 1st you must re-apply for membership	\$115 (\$75+ \$40)	No Charge

Once you have made sure you have all the required information please send to MTWPAM either by regular mail, registered or express mail.

Massage Therapists' and Wholistic Practitioners' Association of the Maritimes
1791 Barrington Street, TD Building Suite 300, Halifax, NS B3J 3K9



Office Use Only:
Date Approved: _____
Approved By: _____
Member Number: _____

Wholistic Practitioner Membership Application

Applicants are responsible for the completion and accuracy of all information on initial applications, renewals and revisions.

Last Name:	First Name:	Middle Initials:
Date of Birth (MM/DD/YYYY)	Age:	Gender:
Address: (Number, Street, City, Province, Postal Code):		
Telephone:	Email:	
Cellular:		
Wholistic Modality Name:		
Name of Practice/Business/Employer:		
Address: (Number, Street, City, Province, Postal Code)		
Website:		
Telephone:	Email:	
Cellular:		
School or Program Graduated From:		Graduation Date:
School Contact Information		
Name of Insurance Company:		Current Policy #:
Is your liability Insurance Claims Made _____ or Occurrence Based _____		Expiry Date of Insurance: (DD/MM/YYYY)
What modalities are you insured for:		
*You must submit a copy of your insurance papers with this application.		

Are you registered with another association?	Yes	No
Name of Association:	Registration #	
Membership Date: From: _____ To: _____		
Have you ever been a member of another association?	Yes	No
Association Name & Reason for Leaving:		
Have you ever been expelled from an association?	Yes	No
Association Name & Reason for Expulsion:		
Do you conduct a preliminary examination and obtain a signed waiver/consent from your clients?	Yes	No
Describe your specific body work practice & full description of your operations (work from home, chiropractor, sell products etc.):		
Have you ever been convicted of a criminal offence?	Yes	No
Place (City, Province, Country) _____ Date of Conviction: _____	Pardoned? Yes No	
Nature of Offence:		
During the past five years have you, your partner or principles had any claims because of professional services or anyt facts or circumstances that could give rise to a claim?	Yes	No

The undersigned declares to the best of his/her knowledge that the statements made in the application and the information contained in this document are true.

Signature: _____ Date: _____