

New MTWPAM Member Benefit

SIGN UP NOW FOR THE MTWPAM'S NEW PUBLIC REFERRAL LIST

The Demand:

We frequently receive calls from the public seeking names of practitioners who provide specific services. Until now, we have not been in a position to provide this information.

Building Public Confidence And Trust:

There is growing public interest and acceptance of both related therapies and personal health and wellness. Much of the public is hesitant to experience them without some assurance that the practitioners they use have had formal training and are required to abide by an organizational Code Of Ethics and Conduct.

MTWPAM Responds:

We have developed a plan to allow quick and efficient public access to member provided data for specific service.

Public Accessible Information:

The public will be able to search data via www.MTWPAM.com and look up the therapists according to location, specialty and/or specific therapies offered. Only information of members who have given their consent to be publicly listed will be returned.

How You Can Be On The Public Referral List:

Simply fill in the application and consent form on the next page, sign it and mail it to MTWPAM. If you are listing a particular treatment/ modality for which you have NOT already sent your credentials in to the MTWPAM as part of your original membership application or renewal, please send in the relevant certificate or diploma.

Please be sure to update the association with any changes to your contact information, your modalities, etc. Expect approximately 14 days for the adjustment to show up on line.

Our Goal:

We are working hard at finalizing the format for this opportunity and plan to launch this option effective January 2011. Please send us your up to date information with your membership renewals asap. This is a great opportunity for both the public and our members.

APPLICATION AND CONSENT FORM FOR MTWPAM REFERRALS

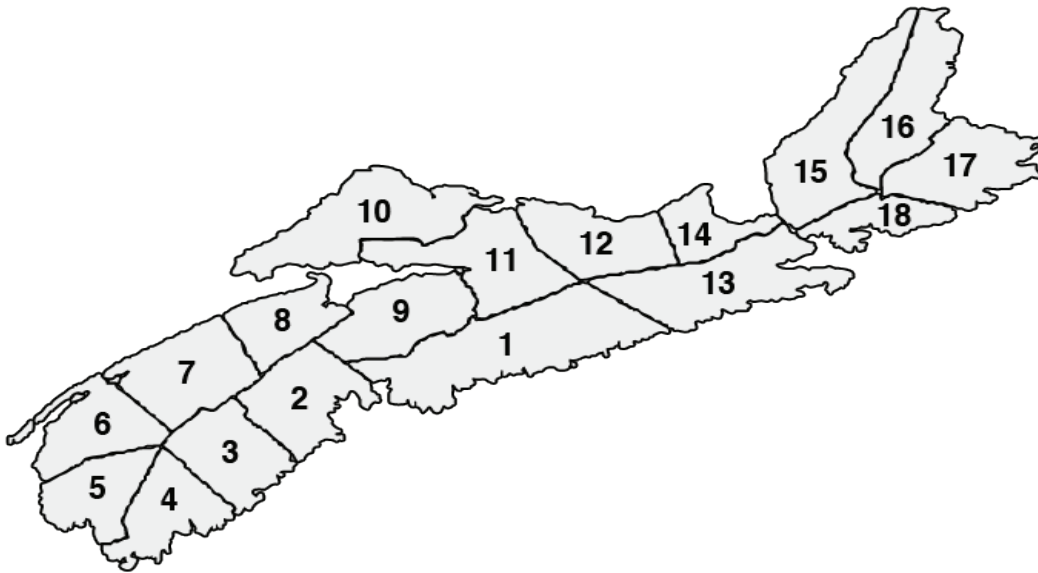
Eligible to Full MTWPAM Members Only

I agree to have the following information listed below in the MTWPAM public referral database. I agree to only list those disciplines, areas of specialization, modalities and techniques for which I have adequate knowledge and experience to be considered safe and competent as demonstrated by evidence of successful completion of appreciate training. I am currently a member in good standing and agree to abide by the MTWPAM Code Of Ethics and Conduct and comply with any relevant municipal, provincial or federal laws related to the professional practice of any disciplines, modalities, or techniques I have listed.

Print Full Name:	Membership #:
Email:	Telephone:
Signature:	Date:

Public Referral Information (please print) :

Practitioner Number:	(YOUR NUMBER WILL NOT APPEAR ONLINE. THIS IS FOR OUR INFORMATION ONLY)
Name of Practitioner:	
Name of Business:	
Telephone:	
Cell Phone:	
Email:	
Website:	
City/ Town:	
Postal Code:	



Please circle the County(s) you would like to be listed under in Nova Scotia.
 If ALL COUNTY'S apply, please check here.

- | | |
|--|---|
| <input type="checkbox"/> 1 - Halifax | <input type="checkbox"/> 10 - Cumberland |
| <input type="checkbox"/> 2 - Lunenburg | <input type="checkbox"/> 11 - Colchester |
| <input type="checkbox"/> 3 - Queens | <input type="checkbox"/> 12 - Pictou |
| <input type="checkbox"/> 4 - Shelburne | <input type="checkbox"/> 13 - Guysborough |
| <input type="checkbox"/> 5 - Yarmouth | <input type="checkbox"/> 14 - Antigonish |
| <input type="checkbox"/> 6 - Digby | <input type="checkbox"/> 15 - Inverness |
| <input type="checkbox"/> 7 - Annapolis | <input type="checkbox"/> 16 - Victoria |
| <input type="checkbox"/> 8 - Kings | <input type="checkbox"/> 17 - Cape Breton |
| <input type="checkbox"/> 9 - Hants | <input type="checkbox"/> 18 - Richmond |

Check the modality(ies) you are registered under with MTWPAM?

- | | |
|--|---|
| <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Jin Shin Jyutsu |
| <input type="checkbox"/> Reflexology | <input type="checkbox"/> Shiatsu |
| <input type="checkbox"/> Rolfing | <input type="checkbox"/> Cranial Sacral Therapy |
| <input type="checkbox"/> Specialized Kinesiology | <input type="checkbox"/> Acupressure |
| <input type="checkbox"/> Trager | <input type="checkbox"/> Nutritional Consultant |

Please enter in the blanks below, 6 words to describe the services you would like to offer through the public referral database. This includes any areas of specialization and any specific clientele which you would provide services to making sure it fits in the scope of your practice, and fits with MTWPAM's association. This will enable the MTWPAM to provide more precise information to callers looking for a particular type of practice or therapy. The following are examples of the many variations possible.

Example A: Massage / relaxation / sports / reflexology / auto injuries / elderly

Example B: Aromatherapy / Reiki / Shiatsu/ mobile/ corporate/ pregnancy

Your 6 words are:

_____	_____	_____
_____	_____	_____

Please be sure to update the association with any changes to your contact information, your modalities, etc. Expect approximately 14 days for the adjustment to show up on line.

Thank you for your continued support!

Please send completed forms directly to:

MTWPAM

1791 Barrington Street, Suite 300, Halifax, NS B3J 3K9