

SHADOWING FORM

Part 1

Under the CMTNL Continuing Education Policy and Guidelines, job shadowing, or supervision is defined as activity in which a massage therapist **observes or shadows** the practice of another health professional to obtain a better understanding of other modalities or to learn new techniques.

- ✓ Once completed, this form should be kept in your professional portfolio.
- ✓ Please ensure that there is a confidentiality agreement in place between you and the mentor **prior to** job shadowing/supervision, and that client consent is obtained.

Massage Therapist Information (your information)	
Full Name:	
Registration #:	
Signature:	
Mentor Information (the person you are shadowing or the person supervising you)	
Full Name:	
Profession/Credentials:	
Number of Years in Practice/Training:	
Signature:	

The number of hours spent shadowing should be reported on the **CEU Summary Form** at the end of the CEU credit cycle. A copy of all completed shadowing forms should also be submitted at the end of the cycle.



SHADOWING FORM

Part 2

This form should accompany Part 1 of the Continuing Education Units (CEU) Shadowing Form.

Job Shadowing/Supervision Details:	
Date:	
Location:	
Duration: (hours)	
CEU Total: (2hrs = 1 CEU)	
Describe the activity that was observed/supervised:	

SHADOWING FORM

Part 2 (continued)

This form should accompany Part 1 of the Shadowing Form.

Outline what you have learned:
Explain how you can incorporate what you have learned into your practice: