## **Registered Massage Therapists' Association of British Columbia**



SAFE EFFECTIVE HEALTH CARE

## CONTINUING EDUCATION COURSE ADVERTISING INFORMATION

**Instructors please fill out blue fields
Course Name:
Start date:
End date:
<u>Times</u> :
Course Instructor(s):
CMTBC Approved Credits:
Venue:
Address:
City:
Province:
Postal Code:
Cost:
Prerequisites:

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Total Number of Students:	
Ratio Instructor to Students:	
Brief Description / Learning Outcomes (400 words max, please):	
Notes for Participants (supplies, clothing, etc.):	
Marketing Summary (2-4 Sentence):	
Widt Ketting Summary (2-4 Schenee).	
Instructor Bio:	

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Regis	tration information
1.	<u>URL</u>
2.	Phone Number
3.	<u>Email</u>
	se Delivery Method person ine

Please include the CMTBC's approval letter (if being fast tracked please include the approval from cycle 12).

Note: Course providers are asked to notify the RMTBC if their course registration fills up in order that we can update our website.

Webinar