



Canadian Council of
Massage Therapy Schools

**Massage Therapy Research
& Interpretive Studies Submission Form**

(Completed form should not exceed six page)

1. Principal Author(s)

If joint authored or team developed - provide the following information (where applicable) for all authors/team members:

Name:			
Address:	City	Province:	Postal Code:
Telephone:	E-mail:		

Expected Date for Program Completion: _____

2. Sponsoring School

Name of School/College:			
Address of School/College:	City	Province:	Postal Code:
Name of Massage Therapy Program Director:	Name of Supervisor for the Research Paper Preparation:		
Telephone:	Fax:	Email:	

3. Title of Paper

4. Background

Provide one or two paragraphs outlining the present state of knowledge relevant to the paper's topic.

5. Rationale

Describe in one or two paragraphs why this research/knowledge is important in general, and to the Massage Therapy Profession.

Note: Background and rationale sections combined should not exceed one page.

6. Research Objectives

State the main objectives of the paper.

7. Acknowledgements:

7.1 Human or Animal

The CCMTS does not require the direct investigation or confirmation of research on humans and animals. If the project has involved the investigation of human beings and/or animals by the authors of the submission, approval by an appropriate Ethics Review Committee is required from the sponsoring school. Please attach a copy of ethics approval if applicable. If not yet granted, please state anticipated date of receiving approval. You must provide the HHRFC with a copy of the letter from your institution granting ethics approval before the final submission date of May 15th.

Copy of ethics approval attached

Not applicable

Ethics approval anticipated on (date) _____

7.2 Publication

By signature on number 8.0, the applicant(s) provides his/her consent for the CCMTS to publish the research submission in whole or in part, on its website.

In addition to the award winner, other high-caliber papers may be published.

8. Signature(s)

By signature below I (we) confirm that I (we) have read, understood and as applicable consent to the aforementioned clauses 1 through 7.

Dated at _____ City	_____ Province	this _____	day of _____	20 _____
------------------------	----------------	------------	--------------	----------

Signature of Applicant

Signature of Applicant

Name

Name

Signature of Applicant

Signature of Applicant

Name

Name

Owner/Massage Therapy Program Director:

Signature

Title

Name

Date

E-mail the electronic version of the research paper and a scanned copy of the Submission Form to: InfoCCMTS@gmail.com.

Thank you for your participation.