BOARD OF MASSAGE THERAPY

MONITOR PROFILE

Please print legibly or type.

Name _____

Address _____

Phone(s) _____

E-mail _____

Professional Organization Yes No

FSMTA / AMTA / or Other Name: _____

Chapter/City _____

MA Number: _____ Date of Florida License: _____

Years in practice _____, If longer than licensed in Florida, please attach additional sheet, with the states, municipalities, license or certificate numbers and dates such license/certificates were held.

Have you ever had any disciplinary action taken against your license? Yes No

(If yes, please attach additional sheet with the nature of the disciplinary action, the outcome, the case number and date)

Have you ever had any disciplinary action taken against your license in another jurisdiction?
Yes No **(If yes, please attach additional sheet with the nature of the disciplinary action, the outcome, the case number and date)**

Please attach Resume'/ Curriculum Vitae or list in the space provided your educational background and the type and composition of your current practice.

BOARD OF MASSAGE THERAPY
MONITOR RESPONSIBILITIES GUIDE

The responsibilities of a monitor are to provide the supervised educational experience designed by the Board to make the Respondent aware of certain statutory obligations to the massage profession and to ensure Respondent's continued compliance with the high standards of the profession.

- · Have weekly communication with respondent (via email, phone, text or in person)
- · Keep professionalism as the objective between Monitor and Respondent
- · Invite respondent to join monitor to meetings, socials, or events where massage
- information is exchanged ie. FSMTA meeting
- · Review client - therapist relationships
- · Have conversations regarding ethics, CE's, Laws & Rules, including advertising,
- business practices, etc.
- · Always maintain professionalism in the practice of massage and in public
- · No discrimination, harassment or romantic involvement
- · Trust, honesty & respect each other's privacy
- · No illegal activity
- · Have indirect supervision
- · Be readily available for consultation
- · Submit quarterly reports every 90 days during probation to board of massage therapy
- · Advise/ show good examples, communicate or offer support, be honest, share wisdom
- to enhance massage profession
- · Have respondent observe monitor in the profession
- · Activities with respondent could include job opportunities, career planning, resume, do a
- mock interview, discuss continuing education, invite to work on events, and encourage
- to join a professional organization.

The responsibilities of a monitor are to provide the supervised educational experience designed by the Board to make the Respondent aware of certain statutory obligations to the massage profession and to ensure Respondent's continued compliance with the high standards of the profession.

Monitors agree to maintain contact with the respondent at least once per week during the period of probation. Monitors are to ensure the Respondent submits any required reports and to report any violations by the Respondent to the Department of Health Compliance Office.

The report shall be submitted on the approved form; however, additional information may be submitted.

Once appointed as a monitor, if you are unable or unwilling to fulfill the responsibilities as monitor you agree to notify the Executive Director immediately so that a proper replacement can be found.

I certify that I am willing and able to meet the monitor responsibilities as outlined in the Monitor Responsibilities Form.

I acknowledge that I have an education and knowledge of the Florida Rules and Laws as they pertain to the Massage Profession.

Signature _____ Date _____

BOARD OF MASSAGE THERAPY
MONITOR/SUPERVISOR QUARTERLY REPORT

Please print or write legibly.

Respondent's Name:			
Respondent's License Number:		Case Number:	
Address:	City	State	Zip
Telephone Number			
Monitor:			
Address:	City	State	Zip
Telephone Number:			
Quarter (3 months)	From:	To:	

A brief statement of why Respondent is on probation.

A description of Respondent's practice (type and composition).

A statement addressing Respondent's compliance with the terms of probation.

A brief description of the monitor's relationship with Respondent.

A statement advising the Board/Probation Committee of any problems which have arisen.

A summary of the dates Respondent contacted the monitor.

Report immediately to the Board any violations by Respondent of Chapter 456 or 480, Florida Statutes, and the rules promulgated thereto.

Signature: _____ Date: _____

STATE OF _____

CITY/COUNTY OF _____

Before me personally appeared _____ whose identity is known to me by ___ _____ (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _____day of _____, 20____

_____ _____

Notary Public - State Of Florida My Commission Expires

_____

Type or Print Name

Mailing Address: Department of Health, Compliance Management Unit
4052 Bald Cypress Way, Bin C76 • Tallahassee, FL 32399
Fax: (850) 488-0796

BOARD OF MASSAGE THERAPY
RESPONDENT QUARTERLY REPORT

Please print or write legibly.

Respondent's Name:			
Respondent's License Number:		Case Number:	
Address: City State Zip			
Telephone Number			
I am not working in the active practice of massage therapy. ☐ If you are not working in the active practice of massage therapy, you may sign this report and send it back to the Department.			
Monitor			
Address: City State Zip			
Telephone Number			
Quarter (3 months)	From: To:		

A brief statement of why Respondent is on probation.

A description of Respondent's practice (type and composition).

A statement addressing Respondent's compliance with the terms of probation.

A brief description of the monitor's relationship with Respondent.

A statement advising the Board/Probation Committee of any problems which have arisen.

A statement addressing compliance with any restrictions or requirements imposed.

Signature: _____ Date: _____

STATE OF _____

CITY/COUNTY OF _____

Before me personally appeared _____ whose identity is known to me by __

_____ (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _____day of _____, 20____

_____ _____

Notary Public - State Of Florida My Commission Expires

_____

Type or Print Name

Mailing Address: Department of Health, Compliance Management Unit
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Fax: (850) 488-0796

BOARD OF MASSAGE THERAPY
RESPONDENT'S QUARTERLY REPORT

Please print or write legibly.

Respondent's Name:			
Respondent's License Number:		Case Number:	
Address:	_____ _____ City State Zip		
Telephone Number			
Reporting Period	From: To:		

Please initial

_____ According to the terms of my final order, I am notifying the Department of Health that I am not actively practicing massage therapy.

Signature: _____ Date: _____

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