



**NMOS**  
**NATIONAL MANUAL OSTEOPATHIC**  
**SOCIETY**

Continuing Education

CONTACT US:

Phone: 403-227-1496

Email: [info@nmos.ca](mailto:info@nmos.ca)

Website: [www.nmos.ca](http://www.nmos.ca)

Please be aware that by being a member of National Manual Osteopathic Society, you have agreed to receive emails via MailChimp when notices must be sent out to all members, but is not limited and may be used for Manual Osteopathy available positions.

Communications are sent via email regarding memberships and expiry dates.

## Continuing Education Requirements:

Primary credits: 1 credit per hour to a maximum of 12 credits per course in the fields of visceral manipulation, craniosacral, advanced fascia release, lymphatic drainage, and osteoarticular techniques.

Online courses as 1 CEC/ 2 hours of course to a max of 3 credits/ course and a max of 6 credits/36 month cycle.

**Failure to meet each of these requirements will result in automatic cancellation of membership.**

## Submission Cycle:

The current 3 year period is from May 1, 2016 to April 30, 2019. This period is the same for all members. Submission deadline for this cycle is May 31, 2019 . All members are responsible for maintaining credits in good standing and for submitting proof of same within the required timeline.

Continuing education credits have been pro-rated based on when you have joined the society:

Membership Effective Date	Total Credits Required
Jan 1, 2016 - Dec 31, 2016	25
Jan 1, 2017 - Dec 31, 2017	17
Jan 1, 2018 - March 31, 2018	9
April 1, 2018 - Dec 31, 2018	6

## Continuing Education Credit Guidelines – Teaching

### Teachers/Teacher Assistants

#### **Qualifying:**

Teaching at a recognized MO therapy program

6 credits per year per course to a maximum of 18 credits per 3 year cycle

Credits cannot be carried forward to the next cycle

#### **Requirements:**

Annual letter from the educational institution required stating:

Instructor's name

Course name

Dates of course

Signed by authorized official

### Workshop\* Instructors

\*First Aid Instructors are considered part of Workshop Instructors and would adhere to the same guidelines.

#### **Qualifying:**

Workshop is considered by NMOS to be a primary or Secondary MO workshop

A minimum of 6 hours of instruction time

A minimum of 3 participants

6 credits per workshop to a maximum of 18 credits per 3 year cycle

Credits cannot be carried forward to the next cycle

#### **Requirements:**

Completion and submission of "Continuing Competency Course Evaluation Request" form

Attendance sheet of participants for each workshop instructed

Submission of a copy of the certificate that participants receive upon completion of the workshop

## Practicum Supervisors and Mentors

### **Qualifying:**

Student must come from an educational institution recognized by NMOS

3 credits per student per course to a maximum of 12 credits per cycle per 3 year cycle

Credits cannot be carried forward to the next cycle

### **Requirements:**

Letter from the student's educational institution stating:

#### Program Information

- Institution name & address
- Program name
- Program dates (start to end)
- Accredited hours
- Total program hours
- Practicum hours

#### Student Information

- Student Name
- Student's association and membership number

#### Practicum Information

- Business name & address
- Supervisor's name
- Supervisor's association and membership number

Signed by an Authorized School official



**NMOS**  
**NATIONAL MANUAL OSTEOPATHIC**  
**SOCIETY**

## Continuing Competency Course Evaluation Request

*Please print all information clearly.*

**Submission Date:**

\_\_\_\_\_

**NMOS Member Name:**

\_\_\_\_\_

Association Number:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Email:

\_\_\_\_\_

Telephone Number:

(\_\_\_\_\_) \_\_\_\_\_

**Facilitator/Instructor**

**Course Information:**

Course Name:

\_\_\_\_\_

Name of Instructor:

\_\_\_\_\_

Course Date (s):

\_\_\_\_\_

Course Location (s):

\_\_\_\_\_

**Registration Information:**

Registration Email Address: \_\_\_\_\_

Registration Website Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

- Required:**
- Hourly outline of course length, including lunch and breaks for all days
  - Detailed outline of course, including what the participants are taught, what they will learn, clinical skills after completion, and any additional skills learned throughout the course
  - Instructor biography / CV that clearly outlines expertise and education to adequately teach this course
  - Course description (maximum 500 words) for public posting on website

