

**Commissioner Candidate Data Form 2017**

**Candidate Name & Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address & Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position on Commission for which you are submitting your nomination**:(double-click applicable box)

Public Member Administrator Practitioner - Massage

Educator – Massage Educator - Esthetics

**Massage Therapy/Bodywork Education**: (double-click applicable box)

Graduate of Non-COMTA Program  Graduate of COMTA Program  Self-Taught

Extensive Continuing Education  other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school or training program:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (incl. city, state, zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Areas of Expertise within Education**:

**Number of years as a Post-Secondary Educator**: \_\_\_\_\_\_\_\_\_\_

**Highest Level of General Education:** (double-click applicable box - mark all that apply)

Certificate/Diploma Associate’s Degree  Bachelor’s Degree

Master’s Degree  Ph.D  M.D.

Name and address of institution granting most advanced degree:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (incl. city, state, zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Years of Practice in Massage Therapy/Bodywork**: \_\_\_\_\_\_\_\_\_\_

**Board Certified in Massage Therapy and Bodywork:** (Yes/No/Non-Applicable) \_\_\_\_\_\_\_\_\_\_

**Experience related to Accreditation**:

**Number of Years in Administration re: Esthetics/Skin Care:** \_\_\_\_\_\_\_\_\_\_

**Number of Years of Teaching in Esthetics/Skin Care:** \_\_\_\_\_\_\_\_\_\_

**Number of Years of Practice in Esthetics/Skin Care:** \_\_\_\_\_\_\_\_\_\_

**Certified in Esthetics/Skin Care:** (Yes/No/Non-Applicable) \_\_\_\_\_\_\_\_\_\_

If yes, name of Certifying body: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Esthetics/Skin Care Education:** (double-click applicable box)

Graduate of Non-COMTA Program  Graduate of COMTA Program  Self-Taught

Extensive Continuing Education  other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school or training program:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (incl. city, state, zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Years in Administration re: Massage Therapy/Bodywork:** \_\_\_\_\_\_\_\_\_\_

**Number of Years Teaching in Massage Therapy/Bodywork:** \_\_\_\_\_\_\_\_\_\_

**Areas of Expertise other than Massage Therapy/Bodywork or Esthetics/Skin Care**:

**Experience receiving Massage Therapy/Bodywork or Esthetics/Skin Care**:

**Additional Comments**:

**Other Experience and/or Qualifications**:

*Additional confirmation for Public Member candidates:*

*Please review the Confirmation of Public Member Eligibility and submit the signed affidavit*

**Signature of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**