

**COMMISSION ON MASSAGE THERAPY ACCREDITATION  
(COMTA)**

ADMINISTRATIVE STAFF PERSONNEL FORM

**Form must be typed or legibly written**

Name of School \_\_\_\_\_

Name of Employee \_\_\_\_\_

Positions/Titles \_\_\_\_\_

Date Hired \_\_\_\_\_ Number of hours employed per week \_\_\_\_\_

Position is considered:      Salaried       Hourly       FT       PT

General summary of primary job responsibilities:

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

**Work History** (Do NOT include current position.)

| Name of Company/Organization | Dates Employed |    | Title/Position |
|------------------------------|----------------|----|----------------|
|                              | From           | To |                |
|                              |                |    |                |
|                              |                |    |                |
|                              |                |    |                |
|                              |                |    |                |
|                              |                |    |                |
|                              |                |    |                |

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**Education**

| <b>Name of School</b> | <b>Area of Study</b> | <b>Dates Attended</b> | <b>Diploma, Degree, or Certification</b> |
|-----------------------|----------------------|-----------------------|--|
|                       |                      |                       |  |
|                       |                      |                       |  |
|                       |                      |                       |  |
|                       |                      |                       |  |
|                       |                      |                       |  |

**Specialized Training** (Especially in areas related to current position.)

| <b>Name of Program</b> | <b>Area of Study</b> | <b>Dates Attended</b> |
|------------------------|----------------------|-----------------------|
|                        |                      |                       |
|                        |                      |                       |
|                        |                      |                       |

**Professional Affiliations**

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|  |
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|  |

**Special Recognition and Awards**

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Please complete this form in its entirety. A resume may be attached as a supplement, but should not be submitted in lieu of completing this document. Attach additional pages if more space is needed.