



CALIFORNIA MASSAGE THERAPY COUNCIL  
Application for Change of Staff

Ver. 4.1.19

Office Use Only

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CALIFORNIA MASSAGE THERAPY COUNCIL  
Application for Change of Staff

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INSTRUCTIONS

The purpose of this application is to provide a simple process for approved programs to fulfill the faculty and administrator requirements as stated in the Policies and Procedures for Approval of Schools.

*Carefully read ALL portions of this application packet to determine what is required for the Change of Staff for your school as not all documents in this packet may be required. CAMTC reserves the right to request additional information.*

1. **Complete and submit the appropriate documents as follows:**

1. **Updated Organizational Chart** (required) – listing first and last names of owners, officers, all full and part-time employees, independent contractors, volunteers, and any other individuals who participate in massage program operations in any capacity whatsoever including, but not limited to, management, staff, faculty members, advisory boards, and administrative personnel.
2. **Staff and Faculty List** (required) – included in application packet.
3. **Instructor Qualification Form** or **Administrator Qualification Form** for **each new staff member** (required) – included in application packet, along with:
  - a. Clear color copy of a current **valid government-issued photographic identification** (or Campus ID for public school employees only)
  - b. **Background Check Fee** for each IQF or AQF (if not currently CAMTC Certified or a public school employee)
4. **Authorized Transcript Signature List** – included in application packet, required only if the new staff member(s) will be signing transcripts.
5. **Label ALL documents** as individual pdf formatted files and send in one email to **stong@camtc.org**.

2. **Payment** – No payment is required for the Change of Staff Application itself. However, a **non-refundable background check fee** of \$82 is due for every background check required.

**Email** the ESD Credit Card Authorization Form to **info@camtc.org**, or **Mail** payment to:

California Massage Therapy Council  
ATTN: School Approval  
One Capitol Mall, Suite 800  
Sacramento, CA 95814

**NOTE:** CAMTC will only notify the school if there is an issue with the submitted individual meeting the requirements outlined in the Procedures. CAMTC does not approve individuals as instructors or administrators. Rather, CAMTC looks at the overall program, including staff and faculty hired and trained to execute that program, to determine if that program meets the minimum requirements for training and curriculum.



**CALIFORNIA MASSAGE THERAPY COUNCIL  
Staff & Faculty List**

Ver. 12.1.18

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1. I understand and agree that ALL individuals required to submit an Owner Worksheet, Administrator Qualification Form, or Instructor Qualification Form are required to have a background check. (Current CAMTC certificate holders and employees of public colleges or universities of the California state higher education system, as defined in Section 100850 of the Education Code, are exempt.)
2. I understand and agree that a non-refundable fee for each background check must be included with the school's application fee.
3. I understand and agree that instructions for completing the background check will be emailed directly to each individual from SterlingOne (not CAMTC) once the school application has been processed. Each individual requiring a background check must provide his or her own unique email; SterlingOne cannot send multiple background checks for different individuals to the same email. The school's application is considered incomplete until all background checks are complete. It is the school's responsibility to ensure that all background checks are accurately completed or additional fees may be incurred.
4. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of school application, disciplinary action, revocation of school approval, or additional processing fees.

Last Name	First Name	Title/ Position	Background Check or CAMTC #	Email (if background check required)
			<input type="checkbox"/> Yes, or <input type="checkbox"/> CAMTC # _____	
			<input type="checkbox"/> Yes, or <input type="checkbox"/> CAMTC # _____	
			<input type="checkbox"/> Yes, or <input type="checkbox"/> CAMTC # _____	
			<input type="checkbox"/> Yes, or <input type="checkbox"/> CAMTC # _____	
			<input type="checkbox"/> Yes, or <input type="checkbox"/> CAMTC # _____	
			<input type="checkbox"/> Yes, or <input type="checkbox"/> CAMTC # _____	
(add additional pages if needed)			Total "Yes":	Amount Due: (Total "Yes" x \$82)
X Signature			Date	
Print Name			Title	



**CALIFORNIA MASSAGE THERAPY COUNCIL**  
**Administrator Qualification Form**

Ver. 12.1.18

Office Use Only

1. I understand and agree that ALL non-owner massage program administrators including, but not limited to, chief executive officer, chief operating officer, chief academic officer, dean, executive director, director, registrar, and all those who oversee faculty or students on a full or part-time or temporary basis and those responsible for recording, securing, or producing student records intended to fulfill CAMTC certification requirements must provide a separate Administrator Qualification Form (not required for public colleges or universities of the California state higher education system, as defined in Section 100850 of the Education Code).
2. I understand and agree to attach a clear color copy of a current valid government-issued photographic identification (or Campus ID if submitting this form as an employee of a public college or university of the California state higher education system, as defined in Section 100850 of the Education Code) for each Administrator Qualification Form.
3. I understand and agree that a non-refundable fee for my background check must be included with the school's application fee, if I am not 1) a current CAMTC certificate holder, or 2) submitting this form as an employee of a public college or university of the California state higher education system, as defined in Section 100850 of the Education Code. Instructions for completing the background check will be emailed directly to each individual from SterlingOne (not CAMTC) once the school application has been processed. Each individual requiring a background check must provide his or her own unique email; SterlingOne cannot send multiple background checks for different individuals to the same email. This Administrator Qualification Form and the school's application are considered incomplete until all background checks are complete. It is the school's responsibility to ensure that all background checks are accurately completed or additional fees may be incurred.
4. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of school application, disciplinary action, revocation of school approval, or additional processing fees.

<b>SECTION A: ADMINISTRATOR INFORMATION</b>				
5. Last Name		6. First Name		
7. Title/Position	8. Telephone Number	9. Email		
10. Home Address (not required for public school employees only)		11. City	12. State	13. Zip Code
14. Social Security Number (or Campus ID for public school employees only)		15. CAMTC ID # (if any)	16. Date of Birth	
<b>SECTION B: ADMINISTRATOR EXPERIENCE</b>				
17. Massage School(s) Attended (add additional pages or resume if needed)		Program Attended		
Address of School		City, State	Dates Attended	
18. Non-Massage Education (add additional pages if needed)		Program Attended		
Address of School		City, State	Dates Attended	
19. Name of School for which you are submitting this form		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	City, State	Dates of Employment
20. Please list primary duties for this school and your supporting education/training to perform each duty (add additional pages as needed):				
Duty:		Education/Training to perform this duty:		
21. Other School(s) where CURRENTLY associated (add additional pages if needed)		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title/Position	
Address of School			City, State	Dates of Employment

22. Other School(s) where PREVIOUSLY associated (add additional pages if needed)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title/Position
Address of School	City, State	Dates of Employment
23. CURRENT Other Massage Establishments where you work (add additional pages if needed)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title/Position
Address of Establishment	City, State	Dates of Employment
24. PREVIOUS Other Massage Establishments where you worked (add additional pages if needed)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title/Position
Address of School	City, State	Dates of Employment

**SECTION C: ADMINISTRATOR ATTESTATIONS** A "Yes" answer to any of the following questions requires a separate written statement explaining in your own words all of the complete details regarding the incident(s) or event(s) and attachment of all supporting/explanatory documents.

25. Have you ever had, or is there currently pending against you, in any city, county, state, country or jurisdiction a complaint against your professional conduct (sexual misconduct or otherwise) or professional competence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are you aware of any complaints made against you to a business or made to you directly in relation to your conduct as a massage professional, massage instructor, massage faculty, massage administrator or in relation to a massage therapy business or school you currently own, operate, or administer; have in the past owned, operated or administered; or are or have been associated with in any capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are you aware of any complaints made against you to a school, regulatory organization, NCBTMB, FSTMB, government agency, local agency, law enforcement agency, state regulatory board or bureau, or made to you directly, in relation to your conduct as a massage professional or in relation to a massage therapy business or school you currently or in the past have owned/operated, provided instruction for or massage services at, or were associated with in any capacity whatsoever?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Have you ever received an administrative or civil citation related to the practice of massage therapy, a massage therapy business, or a school, or related to any other profession, or been denied, disciplined, or refused the renewal of a license, permit, certificate, or any other authorization to practice massage therapy or related to a massage therapy business, or school, business, or any other profession in any city, county, state, country, or jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever had a license, certificate, certification of registration, permit, or other authorization for a massage therapy business, to practice massage therapy, related to a school, or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever been convicted of any criminal offense? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified in the Health and Safety Code, sections 11361.5 and 11361.7.) Convictions MUST be reported even if they have been adjudicated, dismissed or expunged. The definition of a conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. You MUST include ALL convictions, including infractions, misdemeanors, and felonies, not only those related to massage or schools.	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever owned, worked or volunteered at, been a student of, or otherwise been associated in any capacity with a school that is or has been un-approved, denied approval, or received other disciplinary action by CAMTC?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION D: ADMINISTRATOR AUTHORIZATION**

32. I have read, understand, and agree to comply with CAMTC's Policies and Procedures for Approval of Schools. I understand that it is my duty and responsibility to fully disclose all requested information and to supplement and/or update this form after it has been submitted. I understand that my failure to immediately inform CAMTC and my school administration and/or Owners of any change in circumstances that might affect my school's eligibility for approval may result in disciplinary action by CAMTC against me or the school, including but not limited to denial of my Administrator Qualification Form, disciplinary action against my school, and denial or disciplinary action against me personally should I be a CAMTC certificate holder or applicant for CAMTC certification.	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. I understand that by submitting this Administrator Qualification Form I will not receive any official qualified or approved administrator status from CAMTC and that I may not present myself as a "CAMTC qualified or approved administrator." I understand I must submit this form for every school where I intend to work.	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. I hereby authorize CAMTC to run and/or receive information from background checks and I further authorize Law Enforcement Agencies (LEA), government agencies, and other massage or school related entities to release all records related to me to CAMTC upon request, and I hereby authorize CAMTC to share all information about the same, whether provided by myself or others, including personal information, with LEA, government agencies, and other massage or school related entities upon request. (Note: we will not sell or release personal information for marketing purposes.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

35. I HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM COMPLETELY, WITHOUT RESERVATION OF ANY KIND, AND I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT MY ANSWERS AND ALL STATEMENTS MADE BY ME HERE IN AND IN SUPPORT OF THIS APPLICATION **ARE COMPLETE, TRUE, ACCURATE, AND CORRECT**. Should I furnish any false information on or in support of this Qualification Form, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, revocation, or action against myself or my school's CAMTC School Approval.

**I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES, RULES, AND POLICIES AND PROCEDURES APPLICABLE TO CAMTC'S APPROVAL OF SCHOOLS IN CALIFORNIA.**

X Signature	Date
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**CALIFORNIA MASSAGE THERAPY COUNCIL**  
**Instructor Qualification Form**

Ver. 12.1.18

Office Use Only
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1. I understand and agree that ALL massage program faculty, including but not limited to visiting instructors, volunteers, and all those who will be teaching on a full or part-time or temporary basis and responsible for delivering curriculum intended to fulfill requirements of CAMTC certification must provide a separate Instructor Qualification Form.
2. I understand and agree to attach a clear color copy of a current valid government-issued photographic identification (or Campus ID if submitting this form as an employee of a public college or university of the California state higher education system, as defined in Section 100850 of the Education Code) for each Instructor Qualification Form.
3. I understand and agree that a non-refundable fee for my background check must be included with the school's application fee, if I am not 1) a current CAMTC certificate holder, or 2) submitting this form as an employee of a public college or university of the California state higher education system, as defined in Section 100850 of the Education Code. Instructions for completing the background check will be emailed directly to each individual from SterlingOne (not CAMTC) once the school application has been processed. Each individual requiring a background check must provide his or her own unique email; SterlingOne cannot send multiple background checks for different individuals to the same email. This Instructor Qualification Form and the school's application are considered incomplete until all background checks are complete. It is the school's responsibility to ensure that all background checks are accurately completed or additional fees may be incurred.
4. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of school application, disciplinary action, revocation of school approval, or additional processing fees.

<b>SECTION A: INSTRUCTOR INFORMATION</b>			
5. Last Name		6. First Name	
7. Telephone Number		8. Email	
9. Home Address (not required for public school employees only)		10. City	11. State
			12. Zip Code
13. Social Security Number (or Campus ID for public school employees only)		14. CAMTC ID # (if any)	15. Date of Birth
<b>SECTION B: INSTRUCTOR EXPERIENCE</b>			
16. Massage School(s) Attended (add additional pages or resume if needed)		Program Attended	
Address of School		City, State	Dates Attended
17. Non-Massage Education (add additional pages if needed)		Program Attended	
Address of School		City, State	Dates Attended
18. Name of School for which you are submitting this form		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	City, State
19. Please list all subjects taught at this school and your supporting education/qualifications to teach each subject (add additional pages as needed):			
Subject #1 taught:		Education/Qualification to teach Subject #1:	
Subject #2 taught:		Education/Qualification to teach Subject #2:	
20. Other School(s) where CURRENTLY associated (add additional pages if needed)		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title/Position
Address of School			City, State

21. Other School(s) where PREVIOUSLY associated (add additional pages if needed)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title/Position	
Address of School		City, State	Dates of Employment
22. CURRENT Other Massage Establishments where you work (add additional pages if needed)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title/Position	
Address of Establishment		City, State	Dates of Employment
23. PREVIOUS Other Massage Establishments where you worked (add additional pages if needed)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Title/Position	
Address of Establishment		City, State	Dates of Employment
<b>SECTION C: INSTRUCTOR ATTESTATIONS</b> A "Yes" answer to any of the following questions requires a separate written statement explaining in your own words all of the complete details regarding the incident(s) or event(s) and attachment of all supporting/explanatory documents.			
24. Have you ever had, or is there currently pending against you, in any city, county, state, country or jurisdiction a complaint against your professional conduct (sexual misconduct or otherwise) or professional competence?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Are you aware of any complaints made against you to a business or made to you directly in relation to your conduct as a massage professional, massage instructor, massage faculty, massage administrator or in relation to a massage therapy business or school you currently own, operate, or administer; have in the past owned, operated or administered; or are or have been associated with in any capacity?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Are you aware of any complaints made against you to a school, regulatory organization, NCBTMB, FSTMB, government agency, local agency, law enforcement agency, state regulatory board or bureau, or made to you directly, in relation to your conduct as a massage professional or in relation to a massage therapy business or school you currently or in the past have owned/operated, provided instruction for or massage services at, or were associated with in any capacity whatsoever?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Have you ever received an administrative or civil citation related to the practice of massage therapy, or a massage therapy business, or a school, or related to any other profession, or been denied, disciplined, or refused the renewal of a license, permit, certificate, or any other authorization to practice massage therapy or related to a massage therapy business, or school, business, or any other profession in any city, county, state, country, or jurisdiction?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Have you ever had a license, certificate, certification of registration, permit, or other authorization for a massage therapy business, to practice massage therapy, related to a school, or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Have you ever been convicted of any criminal offense? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified in the Health and Safety Code, sections 11361.5 and 11361.7.) Convictions MUST be reported even if they have been adjudicated, dismissed or expunged. The definition of a conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. You MUST include ALL convictions, including infractions, misdemeanors, and felonies, not only those related to massage or schools.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Have you ever owned, worked or volunteered at, been a student of, or otherwise been associated in any capacity with a school that is or has been un-approved, denied approval, or received other disciplinary action by CAMTC?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION D: INSTRUCTOR AUTHORIZATION</b>			
31. I have read, understand, and agree to comply with CAMTC's Policies and Procedures for Approval of Schools. I understand that it is my duty and responsibility to fully disclose all requested information and to supplement and/or update this form after it has been submitted. I understand that my failure to immediately inform CAMTC and my school administration and/or Owners of any change in circumstances that might affect my school's eligibility for approval may result in disciplinary action by CAMTC against me or the school, including but not limited to denial of my Instructor Qualification Form, disciplinary action against my school, and denial or disciplinary action against me personally should I be a CAMTC certificate holder or applicant for CAMTC certification.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
32. I understand that by submitting this Instructor Qualification Form I am only qualified to instruct in subjects specifically listed herein and for which CAMTC determines I am qualified. I further understand that I will not receive any official qualified or approved instructor status from CAMTC and that I may not present myself as a "CAMTC qualified or approved instructor." I understand I must submit this form for every school where I intend to work.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
33. I hereby authorize CAMTC to run and/or receive information from background checks and I further authorize Law Enforcement Agencies (LEA), government agencies, and other massage or school related entities to release all records related to me to CAMTC upon request, and I hereby authorize CAMTC to share all information about the same, whether provided by myself or others, including personal information, with LEA, government agencies, and other massage or school related entities upon request. (Note: we will not sell or release personal information for marketing purposes.)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
34. I HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM COMPLETELY, WITHOUT RESERVATION OF ANY KIND, AND I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT MY ANSWERS AND ALL STATEMENTS MADE BY ME HERE IN AND IN SUPPORT OF THIS APPLICATION <b>ARE COMPLETE, TRUE, ACCURATE, AND CORRECT.</b> Should I furnish any false information on or in support of this Qualification Form, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, revocation, or action against myself or my school's CAMTC School Approval.			
<b>I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES, RULES, AND POLICES AND PROCEDURES APPLICABLE TO CAMTC'S APPROVAL OF SCHOOLS IN CALIFORNIA .</b>			
X Signature		Date	



CALIFORNIA MASSAGE THERAPY COUNCIL
Authorized Transcript Signature List

Ver. 12.1.18

Office Use Only

- 1. Pursuant to CAMTC's Policies and Procedures for Approval of Schools, transcripts submitted to CAMTC must contain, among other things, at least one authorized signature with printed name, title, and date.
2. I understand and agree that CAMTC only recognizes CAMTC approved program transcripts that are signed by an authorized signer. Transcripts that are received with anything other than the identifiable signature of an authorized signer, along with that person's printed name, title, and date, will not be accepted and cannot be used for certification.
3. I understand and agree that authorized signers must verify the accuracy of the information on every transcript before signing the transcript and submitting it to CAMTC.
4. I understand and agree that schools may be denied approval or may have their school approval revoked, suspended, or otherwise acted against, for, including but not limited to, any of the following reasons: selling or offering to sell transcripts; providing or offering to provide transcripts without requiring attendance or full attendance, at the school; failure to require students to attend all of the classes listed on the transcript; failure to require students to attend all of the hours listed on the transcript; and failure to create, record, or maintain accurate records, including but not limited to student attendance records and student transcripts. Therefore, I understand and agree that my school will select only a limited number of reliable individuals as authorized signers for transcripts, as CAMTC will hold my school accountable for the conduct of these individuals.
5. I understand and agree that any change to the list of authorized signers may only occur after the corresponding form(s) has been submitted to, and approved by, CAMTC.
6. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of school application, disciplinary action, revocation of school approval, or additional processing fees.

Table with 4 columns: Signature, Printed Name, Title, Date. The table contains five rows of horizontal lines for data entry.





# CALIFORNIA MASSAGE THERAPY COUNCIL

## ESD Credit Card Authorization Form

This information is confidential. **DO NOT EMAIL** directly to ESD.  
Please complete and fax to (916) 669-5337 or email to [info@camtc.org](mailto:info@camtc.org)

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

Campus/Branch or CAMTC School Code: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Card Type (Choose one): VISA     MASTER CARD     AMEX     Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (month/year)

Security Code (AMEX: 4-digit on front; Visa/MC: 3-digit on back): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact phone number of card holder: \_\_\_\_\_

Non-Refundable School Approval Application:    \$3000 x QTY \_\_\_\_\_ = \$ \_\_\_\_\_  
(For each main campus or branch)

Non-Refundable School Re-Approval Application: \$3000 x QTY \_\_\_\_\_ = \$ \_\_\_\_\_  
(For each main campus or branch expiring on or before 12/31/2019)

Non-Refundable School Re-Approval Application: \$6000 x QTY \_\_\_\_\_ = \$ \_\_\_\_\_  
(For each main campus or branch expiring on or after 1/1/2020)

Non-Refundable Background Check Fee:                    \$82 x QTY \_\_\_\_\_ = \$ \_\_\_\_\_  
(For every background check required)

Total Charge: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

California Massage Therapy Council  
One Capitol Mall, Suite 800  
Sacramento, CA 95814  
(916) 669-5336  
[www.camtc.org](http://www.camtc.org)

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