



## COVID-19 Temporary Education Plan Monthly Report

On July 27, 2020, the CAMTC Board of Directors adopted the [Temporary Policy to Accept Interactive Distance Learning Hours](#). To offer distance learning hours and comply with this policy, your school must email this fillable PDF along with all required supportive documentation noted below as follows:

1. Submit this monthly report to [schooldocs@camtc.org](mailto:schooldocs@camtc.org) by the **10<sup>th</sup> of every month** until the school discontinues the use of interactive distance learning (“IDL”).
2. Format the subject line of the email as: **“COVID-19 Temporary Education Plan – School Name – CAMTC School Code – Month Year”** (for example, “COVID-19 Temporary Education Plan – ABC School of Massage – SCH0500 – August 2020”)

<b>1. School Name:</b>		<b>2. CAMTC School Code:</b>	
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<b>3. County Where School is Located:</b>			
<b>4. Does this County Currently Allow:</b>	1) in-person classes?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
	2) in-person clinics?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
<b>5. If this county allows either in-person classes or clinics, attach supporting documentation from the county.</b> (No need to provide this information if it has not changed since the previous report.)			

<b>6. For CAMTC to Accept IDL, your school and approved programs must first be approved by BPPE to offer IDL or accredited by an appropriate agency to offer IDL.</b> Provide the date your program(s) was first approved or accredited to offer IDL and the date that approval or accreditation expired or is scheduled to expire.			
<b>Start Date:</b>		<b>End Date:</b>	
<b>7. Attach approval or accreditation supporting documentation for offering IDL.</b> (No need to provide this information if it has not changed since the previous report.)			

<b>8. Describe in detail the IDL delivery method(s) utilized by your school including, but not limited to, technologies and program(s).</b> (Note any changes since the previous report.)	
<b>Lecture Hours:</b>	
<b>Hands-on Hours:</b>	

9. Describe in detail the method used for tracking student attendance including, but not limited to, each student's successful completion of those hours and identifying between in-person and IDL hours. (Note any changes since the previous report.)	
10. Verify that your school is maintaining photo or video evidence confirming the hands-on hours of attendance as part of each student's permanent record <u>or</u> is providing class access information, in advance of the class occurring, to CAMTC.	Initial:
11. State any anticipated changes or changes since the previous report to your school's method of delivery.	
12. Attach current enrollment by program, course, cohort, or class, as relevant to your school.	Initial:
13. Attach current schedule of classes (including but not limited to: dates, days of week, hours in day, in-person or IDL, IDL class access information).	Initial:
14. Verify that transcripts or transcript addenda, if applicable, submitted to CAMTC for students who have completed any IDL hours shall identify how many hours of each course were completed in-person or through IDL.	Initial:
15. Verify that your school has made no other changes, outside of the method of delivery described herein, including, but not limited to, curriculum, ownership, school name, physical or mailing address, contact information, or staff employment without first obtaining approval from CAMTC.	Initial:
16. For CAMTC to accept education from your school, your school must meet minimum standards for training and curriculum as required by the Massage Therapy Act, the Policies and Procedures for Approval of Schools, and the Temporary Policy to Accept Interactive Distance Learning Hours.	Initial:

**Person Completing and Submitting This Form:**

I have carefully read all of the question on this form and by placing my name below I attest that I have answered all of the questions herein completely, accurately, and without reservations of any kind whatsoever, and I declare, under penalty of perjury under the laws of the State of California, that my answers and all statements made herein in support of this form are complete, true, and correct.

Name:		Title:	
Date:	City:	State:	