

# AMERICAN MEDICAL MASSAGE NETWORK (AMMN)

## Self-Evaluation and/or Re-evaluation for Specialization Form

Full Name: \_\_\_\_\_  AMMN # \_\_\_\_\_

Last

First

Middle

• My self-evaluation, as per AMMN criteria is  Level-1  Level-2  Level-3

• Medical Specialties: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_

9. \_\_\_\_\_ 10. \_\_\_\_\_ 11. \_\_\_\_\_

\* For additional specialties, please attach a separate page.

\* Your profile page in the AMMN website may include both your own evaluation & AMMN evaluation.

### Levels of Specialization:

#### Ist Level:

#### 2nd Level:

#### 3rd Level:

<ul style="list-style-type: none"> <li>• State Licensed for 10 or more years</li> <li>• Medical Training as MD/DO/DC/ND/RN/NP/PA/PhD</li> <li>• Equivalent training &amp; experience</li> <li>• Additional Training in healthcare, CME or CE in Medical Massage from AMTA or other organizations.</li> <li>• Research in medical massage</li> <li>• Graduate of Equivalent AMMN training courses.</li> </ul>	<ul style="list-style-type: none"> <li>• State Licensed for 5 or more years</li> <li>• Bachelors or Master's Degree.</li> <li>• Equivalent training &amp; experience</li> <li>• Additional Training in healthcare, CME or CE in Medical Massage from AMTA or other organizations.</li> <li>• Graduate of Equivalent AMMN training courses.</li> </ul>	<ul style="list-style-type: none"> <li>• State Licensed for 1 or more years</li> <li>• Associate Degree or High School</li> <li>• Equivalent training &amp; experience</li> <li>• Additional Training in healthcare, CME or CE in Medical Massage from AMTA or other organizations.</li> <li>• Graduate of Equivalent AMMN training courses.</li> </ul>
--	---	---

I believe that I am qualified for the above Medical Massage Level & Specialties, based upon the following; (please give details):

1. Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Education: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. CME/CE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Research: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Teaching (Massage) Experience \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please give us any additional information, about your Medical Massage Knowledge & Experience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Please feel free to include your detailed resume, justifying your self-evaluation for Medical Massage.
- Please attach copies of all certificates, diplomas, CE course verifications or other credentials.
- Please attach copies of any testimonials from clients, healthcare providers or others.
- Information about Medical Missions you may have participated in.

I am interested in furthering my Medical Massage Therapy Education.  I prefer an online program,  I prefer class-room programs, if one is made available through the American Medical Massage Network, to be upgraded to higher level of Specialization.

I am interested in furthering my education and/or an online degree program, if one is made available through the American Medical Massage Network or an accredited college thru AMMN..... for  Associate Degree  Bachelor's Degree  Master's Degree  Doctorate Degree.

I am paying the \$50.00  Credential Evaluation or  Re-evaluation Fee thru PayPal or \_\_\_\_\_.

**I agree that my typed name below represents my signature.**

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

[Click to Submit](#)