

# Certification Board for Myofascial Trigger Point Therapists

## MYOFASCIAL TRIGGER POINT THERAPIST RECERTIFICATION GUIDELINES

**TO: All Certified Myofascial Trigger Point Therapists (CMTPTs)**

**FROM: The Certification Board for Myofascial Trigger Point Therapists [CBMTPT]**

Certification as a CMTPT is recognized for a period of five (5) years at which time the candidate must either retake and pass the *Certification Examination for Myofascial Trigger Point Therapists* or fulfill and submit the following continuing education requirements related to the treatment of myofascial trigger point pain and dysfunction:

| <u>Number of CEUs Required</u> | <u>CEU Application Deadline</u>  |
|--------------------------------|--|
| 100 CEUs over 5 years          | As indicated in letter/application received from CBMTPT in candidate's renewal year. |

***CEUs may be accumulated in any combination of the following with a minimum of 60% in Continuing Education Programs:***

1. CONTINUING EDUCATION PROGRAMS RECOGNIZED OR SPONSORED BY MEDICAL / ALLIED HEALTHCARE & SCIENTIFIC ORGANIZATIONS. These may include lectures; workshops; seminars; and local, state, or national conferences. Such organizations include, but are not limited to: National Association of Trigger Point Myotherapists/National Association of Myofascial Trigger Point Therapists (NAMTPT); American Medical Association (AMA); American Academy of Pain Management (AAPM); and osteopathic, chiropractic, dental, physical therapy, occupational therapy, massage therapy, body work, movement therapy, and acupuncture/acupressure associations. One contact hour equals 50 minutes equals one (1) CEU. *A minimum of 60% of CEUs must be from this area.*
2. ACADEMIC COURSES. Courses may be undergraduate, graduate level, or certificate courses for an advanced specialty related to the treatment of myofascial trigger point pain and dysfunction. Each academic credit equals seven (7) CEUs.
3. SUBMISSION OF TEST QUESTIONS. Submit new test questions for the Certification Examination for Myofascial Trigger Point Therapists. Go to <http://cbmtpt.nbccc.net> to download the Item Developers Guide to assist you in the development of test questions. Questions should follow these guidelines, should include the reference cited, and should be submitted with your Recertification Application to receive CEUs. The submission of ten (10) test questions equals five (5) CEUs with a maximum of 10 CEUs allowed.
4. ACADEMIC INSTRUCTION OR PRESENTATION TO PROFESSIONAL GROUP. Instructors should be NCBTMB certified or otherwise certified to present the material they are teaching. 2.5 CEUs per hour presented with a maximum of 15 CEUs allowed.
5. PUBLISHED WORK IN INDUSTRY PUBLICATION OR PEER REVIEWED JOURNAL. Submit official copy of published work with your Application. 5 CEUs per published work with a maximum of 15 CEUs allowed.

All CEU information must be listed on the *Application for Myofascial Trigger Point Therapist Recertification Through Continuing Education* and must include date, program or course title, CEU provider or sponsor, and number of CEU hours awarded. After receipt of the Application, candidates will be notified of their recertification status. If the criteria are deemed fulfilled, a new five-year certification will be authorized and the CMTPT will be issued a new certificate effective until the next renewal date.

Candidates for recertification have two choices. They must either complete and file an Application and fee for the current examination (<http://www.ptcny.com/pdf/cbmtpt.pdf>) or complete and file the *Application for Myofascial Trigger Point Therapist Recertification Through Continuing Education* with the appropriate fee of \$325.

Make checks payable to "Professional Testing Corporation".

CMTPT Recertification  
Professional Testing Corporation  
1350 Broadway, 17<sup>th</sup> Floor  
New York, NY 10018

# Application for Myofascial Trigger Point Therapists Recertification through Continuing Education



**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the boxes completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.

|   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | F | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|

**DIRECTIONS:** To recertify through continuing education, the candidate must complete the minimum number of required hours of continuing education units (CEUs) as indicated in the Myofascial Trigger Point Therapist Recertification Guidelines and related to the defined practice of myofascial trigger point therapy. CEUs should have relevance to areas of (I) Myofascial Anatomy and Physiology; (II) Myofascial Pathophysiology; (III) Patient History and Evaluation; (IV) Therapeutic Techniques and Interventions; and/or (V) Professional Conduct (refer to Content Outline in Handbook for Candidates for details). All applicable CEUs hours must have been completed during the five years preceding the candidate's certification renewal date. CEUs may be accumulated in any combination of continuing education courses, instruction, academic courses, submission of test questions, presentations, or published work. All CMTPTs are responsible for maintaining continuing education records used for this Application. All Applications are subject to audit and may be randomly selected for verification of the information provided. Candidates whose Applications are selected for audit will be notified on receipt of Application and will be requested to document all entries.

## Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

Mr. First Name  
 Mrs.  
 Ms.  
 Dr.

[Grid for Name] Middle Initial [ ]

Last Name [Grid] Suffix (Jr., Sr., etc.) [ ]

Home Address - Number and Street [Grid] Apartment Number [ ]

City [Grid] State/Province [ ] Zip/Postal Code [ ]

Daytime Phone [ ] - [ ] - [ ] Evening Phone [ ] - [ ] - [ ]

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)  
 [Grid]

Most Recent Certification Date (day/month/year) [ ] / [ ] / [ ] CMTPT Certificate Number [ ]

## Continuing Education

List all continuing education over the last five years. List in date order, beginning with the most recent. Please print or type all information. A transcript of successful course completion must be available, if audited. Refer to Recertification Guidelines for more information.

| Month/Year | Program, Course, Activity Title or Description | Program Type * | Provider / Sponsor | Number of CEUs |
|------------|--|----------------|--------------------|----------------|
|            |  |                |                    |                |
|            |  |                |                    |                |
|            |  |                |                    |                |
|            |  |                |                    |                |
|            |  |                |                    |                |
|            |  |                |                    |                |
|            |  |                |                    |                |
|            |  |                |                    |                |
|            |  |                |                    |                |
|            |  |                |                    |                |

\*Program Type: W=Workshop/Seminar C=State/National Conference  
 H=Homestudy/Correspondence T=Test Item Submission P=Presentation  
 A=Published Work I=Instruction O=Other

ENTER TOTAL NUMBER OF CEUs: [ ] . [ ]

(Complete Page 2)

8020



