



# American Massage Council

## Modality Listings: Class II and Class III



**Name of Modality:** \_\_\_\_\_

### Training and Qualifications

1. Do you hold all certifications and / or licenses required to practice this modality: Yes No None Required

2. Where did you receive your training? \_\_\_\_\_

3. When did you complete this training? \_\_\_\_\_ Indicate the number of hours of training completed: \_\_\_\_\_

**Techniques Utilized.** Please describe the nature of care provided. Be specific as to techniques used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Outcomes Sought.** Please describe the type of outcomes you expect to achieve with this modality: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Alternative Techniques.** List any other techniques you consider for achieving similar outcomes: \_\_\_\_\_

\_\_\_\_\_

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2. Where did you receive your training? \_\_\_\_\_

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**Alternative Techniques.** List any other techniques you consider for achieving similar outcomes: \_\_\_\_\_

\_\_\_\_\_