

Date:

Dear ATMS,

This is to certify that _____ has successfully completed the course on campus, and is compliant with the minimum education standards as outlined by the major health funds.

Course start date:

Course completion date:

The Health Fund educational criteria for Approved Provider status, have been met being as follows:

- a) Qualifications completed full time over 12 months or part time over 18 months (excluding Bachelor of Health Science Myotherapy)
- b) A minimum of 200 supervised clinical hours conducted on campus and supervised by a trainer with appropriate qualifications
- c) 50% of the course was conducted on campus face to face
- d) The following components completed on campus:
 - Surface anatomy
 - Palpation
 - Clinical examination
 - Assessment of conditions
 - Treatment plans
 - Tactile therapies
 - Massage/Myotherapy techniques and other associated therapeutics and techniques

Signature: _____

Name:

Position: