



Supporting scientific research,
educational resources
& community service for the
massage therapy profession

Call for
Abstracts
Application

2019 IMTRC Call for Abstracts*

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PRIMARY AUTHOR**

***The primary author is the single contact for all correspondence regarding the application review, or subsequent presentation. This author is responsible for disseminating information to all other authors as appropriate.*

LAST NAME:

FIRST NAME:

INSTITUTION:

STREET ADDRESS:

CITY:

STATE/PROVINCE/REGION: ZIP CODE/POSTAL CODE:

EMAIL ADDRESS:

PHONE NUMBER:

AMTA Member ID:

LIST ALL AUTHORS:

Last Name, First Name,
Credentials

****If selected for presentation, the authors' names will appear in publication as they appear here.*

Has this research been approved by the Institutional Review Board (IRB)? *(if applicable)*

Abstract Details

Abstract Title *(titles should be brief and indicate the content of the abstract; Do NOT use abbreviations or all capitals in the title):*

Primary Topic Area *(select one only):*

Content of Abstract *(1. Introduction, 2. Objectives, 3. Methods or target groups, 4. Results or activities, and 5. Conclusion or deliverables) **300 word limit:***

Preferred format:

If you chose clinical research, select one below:

Research approach *(select one only):*

- Basic Science
- Clinical Research
- Translational Research

If you chose translational research, select one below:

Grant support: *If this abstract is the result of research supported by a grant from a not-for-profit agency, foundation, or the government, please provide name and/or grant number (if appropriate):*

Commercial Support: *If this abstract has backing or support from a commercial entity, please provide the name of that entity:*

If you are not a U.S. citizen, do you have a current VISA that would allow you in the U.S. without restrictions, to present at the conference?

References: Please provide the name, e-mail and phone number of a reference who has attended a session you presented within the last 2 years and can provide information on the session that you presented.

Name:

E-mail address:

Phone number:

Notification of Publication of Abstracts

All abstracts accepted for presentation during IMTRC will be automatically included in a publication and/or website that are part of the conference program. The abstract will include the first author's institution and email.

Yes, I understand that my abstract will be published in the conference syllabus, if accepted for presentation.

No, I do **NOT** want my abstract published in the conference syllabus, even if accepted for presentation.

Note: This will not affect consideration of your abstract for acceptance.

Presentations:

Please list any presentations done within the last three (3) years. Identify dates and locations.

Continuing Education Form

Name and Credentials

(As you would like it in published promotional materials)

Abstract Title *(titles should be brief and indicate the content of the abstract; Do NOT use abbreviations or all capitals in the title):*

Short biography: 30-50 words that highlight your qualifications in relation to massage therapy research.

Session Schedule:

Provide a brief overview/outline of the topics that will be discussed and the approximate time allocated to each topic.

Continuing education hours: This should be the same as the length of the session indicated above.

***Note:** *This is a suggested number of hours. The IMTRC committee will determine if the amount is appropriate should your application be selected.*

Learning objectives:

List the objectives in measurable terms, which are attainable and can be evaluated.

Session description: Include a 50-75 word session description for reference in promotional material *(this may be edited)*.

Relevance of session: Briefly explain why the session is relevant to massage therapy research.

Bibliography: List references that support the subject matter presented for each learning objective. Research should be current *(completed within the last 5 years)*. *Add additional pages if necessary*

Biographical Form

My resume or CV is attached
(required)

Yes

I have attached **a copy of** the following documentation to my application:

- Undergraduate or graduate degree
- Health Care Provider License (e.g. massage, chiropractic, medical, etc.)
- Certificate of completion of massage school/ program
- BCTMB or other national massage certification
- BCTMB approved continuing education provider certificate
- Other

Current Professional Certifications, if applicable (ex: BCTMB, CST, NMT, etc). List certification name, number and expiration date.

NCBTMB or State Massage Therapy Board requirements:

MTF is an Approved Continuing Education (CE) Provider with the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB). MTF will submit all required documentation to the NCBTMB and to state massage therapy boards for CE approval. This includes providing speakers' diplomas, degrees, licenses and/or certificates. Regardless of whether you have received approval through these organizations independently, we ask you to provide a copy of these documents with your application.

Reminder: As required by NCBTMB Approved Provider guidelines, electronic copies of documents must be submitted along with the application.

Louisiana State Board of Massage Therapy requirements:

Each program presented for Louisiana CEU credits shall be relevant to and focus on massage theory, practice, methods, or laws, regulations, business or ethical principles pertaining to the practice of massage therapy or the operation of a massage therapy business and shall have stated learning objectives. No Louisiana CEU credits will be approved for programs that include instruction in diagnosis, the treatment of illness or disease, or any service or procedure that otherwise exceeds the scope of massage therapy as defined by R.S. 37:3552(10).

Each program presented for Louisiana CEU credits shall be taught by a person who:

- a. holds a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the U.S. Department of Education, or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered; OR
- b. has completed at least five years of professional experience in the practice of massage therapy; or
- c. has completed at least 100 hour of non-entry level education in the subject matter to be offered and has a minimum of two years of professional experience in the subject.

I attest that I comply with the above noted Louisiana State Board of Massage Therapy requirements.

I do **not** comply with the above noted Louisiana State Board of Massage Therapy CE course/instructor requirements.

Please specify why you do not comply

Mississippi State Board of Massage Therapy requirements:

Each program presented for Mississippi CEU credits shall be taught by a person who meets the criteria of either paragraph (A) or (B) below:

(A) Holds a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the United States Department of Education, or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered; OR,

(B) Has completed three years of professional experience in the practice of massage therapy; AND,
(i) Has, within the last five years of practical experience, had a minimum of two years teaching experience in the subject matter to be offered; OR,
(ii) Has completed specialized training in the subject matter and has a minimum of two (2) years of practical experience in the subject.

I attest that I comply with the above noted Mississippi State Board of Massage Therapy requirements.

I do **not** comply with the above noted Mississippi State Board of Massage Therapy CE course/instructor requirements

Please specify why you do not comply

Author Disclosure Form

We are committed to ensuring an objective and unbiased presentation of all its professional education activities. With this in mind, we ask all presenters to disclose any actual, potential or perceived vested interests that may have a direct or indirect influence on the subject matter being presented.

It is not the intent of this declaration to prevent a speaker with potential vested interest from making an educational presentation (where continuing education hours are awarded). However, making such information available to the attendees will assist them in forming their own judgment about the content presented.

Disclosure should include any relationship that may bias the speaker's presentation or which, if known, could give the perception of bias. Such relationships may include, but are not limited to:

- a non-paying position of influence such as officer, board member, trustee, or public spokesperson
- consulting fees or other remuneration (payment) employment
- any in kind benefits or services
- ownership or partnership
- receipt of royalties
- research grants
- speakers bureau
- stock options or bond holdings in a for-profit corporation or self-directed pension plan

I have no relationships to disclose.

I declare that I have an interest or affiliation with an organization that might be perceived as a real or apparent conflict of interest. I authorize the disclosure of this existence (i.e., the organization and the type of relationship) in materials related to the educational event.

If a relationship exists, please list the name of the organization and identify the potential conflict by type of relationship (see above for examples)

The list of speakers who have disclosed relationships will be included in the materials associated with the educational event. This list will include the nature of the relationship and the associated organization.

I attest that the disclosure information provided is accurate, to the best of my knowledge.

Your full name

Date

Certification

I certify that the abstract submitted here is original work and that *(Select only one)*:

1. Has not been previously submitted or published
2. Has been submitted elsewhere, but not yet accepted
3. Has been submitted, accepted, and is currently in press
4. Partial or preliminary results have been presented or published elsewhere

*Please provide further details if you selected #3 or #4:

I hereby attest that the information in this application is accurate, to the best of my knowledge.

Electronic signature (type your name):

Today's date:

Acknowledgement of Authorship

All authors must sign their name below in order for this abstract to be considered for IMTRC 2019.

Authorship

The undersigned author certifies that they are responsible for the conception and design, interpretation of data, and drafting of the manuscript submitted. They give their permission for the content to be presented at IMTRC 2019 *(if selected)*, and for the content to be published, in abstract form, as appropriate.

Authors confirm that the appropriate IRB/REB/Ethics Committee documents and/or patient consent forms have been secured (if appropriate), and that this content is able to be published and/or presented.

Authors understand that presentations may not be used to promote any goods, products, or services. All presentations will be done in a non-commercial and non-self-promotional manner.

NOTE: Abstracts must be submitted online before, **Friday, July 27, 2018** at 11:59 pm CST. We reserve the right to return abstracts that are submitted late. A panel of experts will review all abstracts. Reviewers will be blinded to the authors and their institutions during the selection process. Authors of abstracts chosen for presentation will be asked to confirm their plans for presenting at the conference.

Electronic signature (type your name):

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Audio Visual Information

The following will be made available to oral presenters:

- *a podium*
- *one wireless lavalier microphone*
- *an LCD projector with screen*

NOTE: All presenters must furnish their own laptop.