Hospital-Based Massage Therapy for Seriously Ill Patients

Needs Assessment

Hertzberg Palliative Care Institute
Brookdale Department of Geriatrics and Palliative Medicine
Icahn School of Medicine at Mount Sinai

April 16-17, 2016

In preparation for our upcoming educational program on Hospital-Based Massage Therapy Practice, we are asking each participant to take a few minutes to complete the assessment form below. This information will help us to understand your reasons for attending this program, your professional background, experience, learning needs and expectations.

Please submit along with registration form and payment

1). Level of massage training or certification:  ___LMT  ___NCBTMB
   Comments: _______________________________________________________

2). Additional degrees or professions: ___RN ___Other (please specify): ______________________

3). Years of experience as a massage therapist:
   ___less than 1 yr.  ___1 - 5 yrs.  ___5 - 10 yrs.  ___10 - 15 yrs.  ___more than 15 yrs.

4). Name & location of massage therapy school you attended: ______________________
   ________________________________________________________________

5). The state(s) and/or country where you currently practice:
   ___NY  ___NJ  ___CT  ___Other, please specify: ______________________

6). Setting of practice: (check all that apply)
   ___Private Practice, please indicate area of specialty: ______________________
   ___Coperate, please indicate where, and area of specialty: ______________________
   ___Chiropractic Office, please indicate area of specialty: ______________________
   ___Institutional Practice
     ___Hospital  ___Nursing Home  ___Residential Care Facility  ___Hospice
     ___Other, please specify : ____________________________________________
7). Reasons for attending this program: ________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

8). Identify two personal learning objectives:

1. ________________________________

2. ________________________________

9). What are your expectations of this educational program?

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10). Additional Comments: ________________________________

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Thank you!

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This program is sponsored by:

Balm Foundation
Lilian and Benjamin Hertzberg Palliative Care Institute
Brookdale Department of Geriatrics and Palliative Medicine
Icahn School of Medicine at Mount Sinai

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