



RAC Head Office:  
 304-414 Graham Ave.  
 Winnipeg MB R3C 0L8  
 Phone: 204-477-4909  
 Fax: 204-477-4955  
 Website: [www.reflexolog.org](http://www.reflexolog.org)  
 Email: [memberservices@reflexolog.org](mailto:memberservices@reflexolog.org)



**Confirmation of Professional Standards**

Please complete this form in full and return together with copies of the following  
**(Give full explanation if anything is omitted – Omissions will cause delays):**

- Copy of Reflexology Certificate or Diploma (correspondence courses not accepted).....
- Copy of Transcript of Marks for Written and Practical Examinations (in the event the school/college does not provide transcripts, a letter from the school on school letterhead with contact information must be sent directly to RAC indicating the applicant passed their course(s).....
- Curriculum Outline from School/College (**incl. # of hours for each subject area-not needed if school is RAC approved**).....
- Copies of any additional reflexology training/workshops attendance certificates.....
- Signature original of RAC Code of Conduct and Ethics.....
- Completed Application form for Professional Member.....
- Administration Fee (non-refundable).....
- Show proof of Liability Insurance for Professional Practice or provide a written statement indicating intent to purchase such. Proof of Insurance (including policy number and name of company) must be provided to RAC Office within 4 weeks of Professional Membership approval. Membership will be terminated without refund after that time if no such proof of purchase has been received by RAC .....

**Details of Reflexology Qualification:**

School/College Name \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel \_\_\_\_\_ email \_\_\_\_\_

Instructors Name and Position \_\_\_\_\_

Total number of training hours in class \_\_\_\_ Home Study \_\_\_\_ Reflexology Case Studies completed \_\_\_\_

If your course included other therapies, how many hours were dedicated to Reflexology \_\_\_\_\_

Start Date of Course \_\_\_\_\_ Finish Date of Course \_\_\_\_\_

Examination Results -Written Exam \_\_\_\_\_ Practical Exam \_\_\_\_\_

Total Number of Certification Course Hours including practicum \_\_\_\_\_

<b>Please note that your course must have covered the following areas to meet RAC's course content requirements:</b>
History, theory of Reflexology
Standards of Practice for Foot Reflexology
Zone Theory (Meridian Theory optional but preferred)
Structure and Function of the Foot
Foot assessment procedures – biomechanical, musculoskeletal, pathological - Reflexology related
Disorders and conditions of the feet
Common disorders and related reflex areas on the feet
Reflexology cautions/contraindications and their implications
Reflexology Health Record Charting, recording treatments, keeping records, evaluation, after care
The Holistic Approach – treating the whole person
Knowledge and understanding of reflexology chart
Anatomy & Physiology & Reflexology Pathology – The 12 systems – function and structure - Theory and application must relate directly to the Profession of Reflexology
Business Practices – legal and ethical guidelines of practice, basics of professional business practice, marketing skills
Practical Instruction within the class – Foot Reflexology Methodology
Reflexology Home Study Assignments – Theory assignments including Anatomy and Physiology & Pathology
Supervised or Unsupervised Reflexology Practice on outside clients
60 Foot Reflexology Case Studies (not hours) on practice clients (i.e. 6 clients 10x or 10 clients 6 x. RAC Policy states that a minimum of 6 clients be treated minimum 3 x

**Please attach anything else that you feel would support this application**

**I confirm that the above information is a true and accurate statement of my training and experience**  
 I grant permission for my records to be held on file & computer for purposes of handling this application and membership process.

Signed \_\_\_\_\_ Date \_\_\_\_\_

<i>Office Use Only</i>	
Date Received _____	Requirements Met _____
Missing Docs _____	_____
_____	_____