



Transfer Request for Agreement on Internal Trade (AIT) Applicants to Ontario (For regulated jurisdictions only)

PERSONAL INFORMATION

First Name (include your commonly used name in brackets if applicable) Last Name Middle Initial

Preferred Salutation (e.g., Mr. Ms. Mrs. Miss) Gender: M F Date of Birth (MM/DD/YYYY)

HOME CONTACT INFORMATION

Street Address City/Town Province Postal Code

Home Phone # Cell Phone # Email Address

CITIZENSHIP/RESIDENCE STATUS

Do you have Canadian citizenship, landed immigrant status, or a valid work permit? Yes No

EDUCATION/REGISTRATION

Name and address of school where massage therapy program completed Completion date (MM/ DD /YYYY)

Please indicate which province you are coming from: _____

Previous CMTO registration number (if applicable): _____

Please list any jurisdictions outside of Canada you have been registered in: _____

Other than Massage Therapy, have you ever been registered with another health profession? Yes No

If yes, which profession _____

If yes, in what province/state/country? _____

FLUENCY DECLARATION

I am able to speak and write either English or French with reasonable fluency and, if requested by the College, will provide the requested proof of fluency. Yes No

Please circle your preferred language of communication with the College English / French

LETTER OF GOOD STANDING

Have you requested an original Letter of Good Standing from your regulatory college to be sent directly to the College of Massage Therapists of Ontario? Yes No

Please note that applications will not be processed until an original Letter of Good Standing is received. The Letter of Good Standing must be less than 6 months old at the time of processing.

ELIGIBILITY TO REGISTER

1.	I certify that I have or will have performed at least 500 hours of direct client care within the scope of practice of the profession of Massage Therapy within the previous three years, or that I completed my Massage Therapy program within the previous three years, or that I have successfully completed a refresher course within the last fifteen months.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	I understand that as a General Certificate holder, I must maintain a primary practice location in Ontario and will update my business contact information with the College within 14 days of securing or changing employment.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	I certify that I am a Canadian citizen, landed immigrant, or have a valid employment authorization from Immigration Canada to engage in the practice of the profession.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	I certify that I have read and understood the Standards of Practice, the Code of Ethics, the College's policies and position statements, and the Regulations in the <i>Massage Therapy Act, 1991</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OFFENCES AND INVESTIGATIONS SINCE LAST REGISTRATION/RENEWAL

1.	Have you been found guilty of an offence under a federal, provincial or municipal law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Has there been a finding of professional negligence or malpractice against you? (refer to guide)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you been convicted of a criminal offence or an offence related to the regulation of the practice of a health profession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Has there been a finding of professional misconduct, incompetency or incapacity, or any like finding against you in Ontario in relation to the profession or another health profession, or in another jurisdiction in relation to the profession of Massage Therapy or another health profession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any like finding, in Ontario or in any other jurisdiction, in relation to the profession of Massage Therapy or another health profession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Have you been charged with and found guilty of an offence, anywhere in Canada, of holding yourself out, and/or practicing, as a regulated health professional without being so registered.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OFFENCES AND INVESTIGATIONS REPORTING

1.	Have the details for all findings, convictions, cases and proceedings been previously provided to the Registration Services Department of the College?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PREVIOUS APPLICATIONS OR EXAMS

1.	Have you ever had an unsuccessful application for registration as a Massage Therapist in Ontario or another jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you ever attempted to pass a professional licensing examination in Ontario or another jurisdiction that has not, as of this date, resulted in a passing grade?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered yes to any of the above questions, please include a detailed explanation of the circumstances and any supporting documentation with this application form. This information will be reviewed by the Registrar to determine if it should be reviewed by the Registration Committee. You will be contacted by Registration Services staff if a referral to the Committee is required.

CURRENCY AND ACCURACY OF INFORMATION

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| 1. | I understand that I must notify the College within fourteen days of any change of location of practice or principal practice, business name of practice, business telephone number, email address or principal residence in writing. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | I hereby certify that all statements I have made in all parts of this registration renewal form are true and complete (please note that submitting an application that you know provides false or misleading information is professional misconduct and may result in disciplinary action by the College). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

PRIVACY

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| 1. | I acknowledge that the personal information provided on this form is used by the College to administer the <i>Regulated Health Professions Act, 1991</i> , the <i>Massage Therapy Act, 1991</i> , the Regulations, the By-laws, the policies, the Standards of Practice, and for research and other projects related to the governance of Massage Therapists and is collected, used, and disclosed in accordance with the College Privacy Policy. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
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This is not an application for registration. AIT applicants are required to complete the College’s Jurisprudence Examination or the College’s 4-week Standards & Regulations E-Course covering the jurisprudence examination content **and** meet all registration requirements for Initial Registration (IR) with the College. These requirements are listed in the Initial Registration Guide and Document Checklist.

Dated this _____ day of _____, _____ at _____
Day Month Year City

Signature