



## Change of Address Notification

If your home mailing address has changed and/or you would like to add a practice location to your College profile, please provide the details in the applicable sections below. Please be sure to include a full mailing address with phone number where you can be reached.

Please note that as of January 1, 2016, registrants are required to provide the College with their business website and e-mail address, if any, for inclusion on the public register.

All registrants are required to provide an e-mail address for the purposes of corresponding with the College.

### Personal Information

First Name	Last Name	Registration Number
Preferred e-mail for College communications:	Home <input type="checkbox"/> Business <input type="checkbox"/>	
Preferred address for College mailings:	Home <input type="checkbox"/> Business <input type="checkbox"/>	
Preferred telephone contact:	Home <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/>	

### Home Contact Information

Street Address	City/Town	Province	Postal Code
Home Phone #	Cell Phone #	E-mail Address	

### Changing Business Contact Information

Primary Practice Location  Additional Location

Effective Date of Employment (mm/dd/yyyy)	End Date of Employment (mm/dd/yyyy)
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Business Name	Street Address
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City/Town	Province	Postal Code
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Business Phone #

Business E-mail Address

Business Website

**Full/Part Time Status (check only one)**

Full Time  Part-Time  Casual

**Practice Location Category (check only one)**

Casual  Permanent  Self-Employed  Temporary

**Practice Setting (check only one)**

Assisted Living Residence/Supportive Housing	Association/Government/Regulatory Org/Non-Government Org	Board of Health or Public Health Laboratory or Public Health Unit
Cancer Centre	Children Treatment Centres (CTC)	Client's Environment
Clinic Setting (Group)	Clinic Setting (Solo-Home Based)	Clinic Setting (Solo-Office Based)
Community Health Centre	Correctional Facility	Family Health Teams (FHTs)
Health Club	Health Related Business/Industry	Hospital
Mental Health & Addiction Facility	Nurse Practitioner Led Clinic	Other Place of Work
Post-Secondary Educational Institution	Preschool/School System/Board of Education	Rehabilitation Facility
Residential/Long-Term Care Facility	Spa	Telehealth Ontario and Telephone Health Advisory Service

**Major Service Provided (check only one)**

Acute Care	Areas of Administration	Areas of Consultation
Areas of Post-Secondary Education	Areas of Quality Management	Areas of Research
Areas of Sales	Cancer Care	Chronic Disease Prevention and Management
Comprehensive Primary Care	Continuing Care	Critical Care
Emergency	General Service Provision	Geriatric Care
Infectious Disease Prevention and Control	Mental Health and Addiction	Other Areas of Service/Consultation
Other Areas	Palliative Care	Primary Maternity Care
Public Health		

**Primary Role (check only one)**

<input type="checkbox"/>	Administrator	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Salesperson
<input type="checkbox"/>	Consultant	<input type="checkbox"/>	Owner/Operator	<input type="checkbox"/>	Service Provider
<input type="checkbox"/>	Instructor/Educator	<input type="checkbox"/>	Quality Management Specialist	<input type="checkbox"/>	Researcher

**Age Range of Clients (check only one)**

<input type="checkbox"/>	Pediatrics 0 to 17 years	<input type="checkbox"/>	Adults 18 to 64
<input type="checkbox"/>	All ages	<input type="checkbox"/>	Seniors 65+ years

**For additional practice locations, please provide all of the above information on a separate page.**

**Registrant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please submit your completed form by mail, fax or e-mail:**

**By Mail**

College of Massage Therapists of Ontario  
Attn: Registration Services  
1867 Yonge Street, Suite 810  
Toronto, ON M4S 1Y5

**By Fax**

416-489-2625

**By E-mail**

[registrationservices@cmto.com](mailto:registrationservices@cmto.com)