



Document Request Form for Massage Therapy Education and Credentials Assessment (MTECA)

Section A - To be completed by the applicant:

Please complete this section as authorization for your educational institution to provide the required information to the College. Send this form to the educational institution(s) through which you completed your Massage Therapy education. A separate form is required for each school attended.

I, _____ hereby authorize _____
Full Legal Name Name of Educational Institution

to provide the requested information concerning my Massage Therapy education to the College of Massage Therapists of Ontario (CMTO) in order to conduct an assessment of my education and credentials.

Date of Birth (mm/dd/yy)

Signature

Date

Information for the Educational Institution

The candidate named above has applied to the College of Massage Therapists of Ontario (CMTO) for the Massage Therapy Education and Credentials Assessment (MTECA). This assessment is required for all candidates who have completed their Massage Therapy education in an unregulated Canadian province or outside Canada and are seeking registration with the CMTO. Registration with CMTO is required in order to earn the Registered Massage Therapist designation and to legally practise as a Massage Therapist in Ontario, Canada.

The MTECA assessment is conducted to determine if a candidate who has completed an unapproved/unrecognized Massage Therapy program is eligible to challenge CMTO's Certification Examinations. Access to the examinations is granted only to candidates who are able to demonstrate that they have completed education that is equivalent to that currently taught in approved Ontario Massage Therapy programs.

The candidate is requesting that you provide the College with information about the Massage Therapy program he/she completed at your institution. **All of the requested information and documents must be sent from the educational institution directly to the CMTO office, and not to the former student.**

If you have any questions about the information you have been asked to provide, please contact CMTO's Registration Services Department by email at registrationservices@cmto.com or by telephone at 416-489-2626, extension 141.

Along with all pages of this form, please submit the following:

1. A program catalogue that pertains to the time at which the applicant took the program, if available;
2. Official transcript or academic record, including any clinical component, and includes grades or marks earned in each course;
3. Documentation of any supervised clinical practice hours with detailed descriptions of areas practiced;
4. Full program syllabus from the time of the applicant's study with detailed course descriptions which document content and competencies, objectives and learning outcomes;
5. Grade scale or explanation of grading system relevant to the applicant's time of study;
6. Weighing factors of each course (breakdown of worth for each course in the entire program);
7. An official statement confirming the Massage Therapy program is established as post-secondary, a separate school, faculty division or department recognized by the appropriate government agency in the jurisdiction.

Section B - To be completed by the educational institution:

Former Student's Name

Former Student's Date of Birth

Name of Educational Institution

Mailing Address of Educational Institution

Telephone Number

Fax Number

Website

Is your school approved/accredited? Yes No

If yes, who approves/accredits your school? _____

Minimum academic entrance requirement: _____

Name of degree, diploma or certificate awarded: _____

Student start date (month/year): _____ Student finish date (month/year): _____

Length of the program: _____Hours _____Semesters _____Years

Language of instruction: _____

Was Professional Conduct and Ethics included in the curriculum? Yes No

If yes, write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

How does your program define Professional Conduct and Ethics?

Please provide a breakdown of program hours at the time the applicant completed the program:

Subject	Theory Hours	Practice Hours
Health Sciences		
Anatomy		
Physiology		
Pathology		
Kinesiology		
Public Health		
Massage Therapy		
Clinical Assessment		
Massage Theory and Techniques		
Massage Treatments		
Nutrition		
Professional Environment		
Remedial Exercise		
Hydrotherapy		
Business, Ethics, and Professional Regulation		
Communications		
First Aid and CPR		
Other		
Please Specify:		
Total Hours		

This document was completed by:

_____	_____
Name	Title/Position
_____	_____
Phone Number	Email Address
_____	_____
Signature	Date

