College of Massage Therapists of Ontario

College of Massage Therapists of Ontario
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Initial Registration Application Form

Please refer to the *Initial Registration Application Guide* when completing this form.
You must submit an *Initial Registration Document Checklist* with this form **by mail**.

Do not submit this form if you have completed an online application form by logging in to your CMTO profile.

A. Personal Information

First Name | Commonly Used Name (if applicable) | Last Name | Middle Initial

Preferred Salutation (e.g., Mr. Ms. Mrs. Miss) | Gender: M ☐ F ☐ Other ☐ _____ | CMTO ID Number

B. Home Contact Information

Street Address | City/Town | Province | Postal Code

Home Phone # | Cell Phone # | Email Address

C. Business Contact Information (if applicable)

If you have not provided the College with a business address, your home address will be deemed to be your practice location and listed on the Public Register. If you have additional practice locations, please provide all of the following information on a separate sheet of paper.

Effective Date of Employment (mm/dd/yyyy) | Business Name

Street Address | City/Town | Province | Postal Code

Business Phone # | Business Email Address | Business Website

Full-Time/Part-Time Status (check one only): Full-Time ☐ Part-Time ☐ Casual ☐

Practice Location Category (check one only): Permanent ☐ Temporary ☐ Casual ☐ Self-Employed ☐

Practice Setting (check one only):

	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 one only):

	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 one only):

	Administrator		Manager		Salesperson
	Consultant		Owner/Operator		Service Provider
	Instructor/Educator		Quality Management Specialist		Researcher

Age Range of Clients (check one only):

	Pediatrics 0 to 17 years		Adults 18 to 64		Seniors 65+ years
	All Ages				

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

D. Communications

Preferred Address for College Communications: Home ☐ Business ☐
Preferred Telephone Contact: Home ☐ Business ☐ Cell ☐
Preferred Email Address: Home ☐ Business ☐

Do you consent to the College sharing your registration number with insurers to verify your status? Yes ☐ No ☐
Do you speak and write both English **and** French? Yes ☐ No ☐
Are you visually impaired? Yes ☐ No ☐
If you are visually impaired, do you need accommodation? Yes ☐ No ☐
If you are visually impaired and require College publications in an alternate format, please select all that apply:
☐ Large font
☐ Large font with white background
☐ Other format(s) – Please specify: _____

Please list the languages in which you can personally and competently provide professional services **including English and/or French:**

_____

E. Professional Registration and Practice History Outside Ontario

<u>IMPORTANT</u>: If you are currently registered, or have previously been registered, to practise in *any* <u>regulated</u> profession in any jurisdiction, please arrange to have your regulatory body send a letter confirming your current standing directly to the CMTO. Your initial registration application will not be processed until this letter has been received directly from your regulator. If you are a Massage Therapist from British Columbia, Newfoundland, or New Brunswick and a Letter of Standing has already been submitted from your regulator as part of your application under the Canadian Free Trade Agreement (CFTA), an additional letter is not required.

Are you currently registered as a Massage Therapist with another regulatory body outside of Ontario? Yes ☐ No ☐

If yes, in which province, territory, state or country are you currently registered?

_____

Have you ever practised Massage Therapy anywhere outside of Ontario? Yes ☐ No ☐

If yes, in which province, territory, state or country have you practised? (Please include the dates you practised in each):

_____

List all other professional regulators both inside and outside Ontario with which you are currently, or were previously, registered (this does not include any professional associations you may be a member of):

_____

Are you a member of the Registered Massage Therapists' Association of Ontario (RMTAO)? Yes ☐ No ☐

F. Education Outside of Massage Therapy

Have you completed an additional educational program other than Massage Therapy? Yes ☐ No ☐

If yes, please indicate:

☐ College Diploma ☐ Bachelor ☐ Master ☐ Doctorate ☐ Professional Doctorate ☐ Other

_____

Name of Post-Secondary Institution | Province, Territory, State or Country | Year of Graduation

Please select your field of study:

☐	General Rehabilitation Science	☐	Mathematics, Computer Information Sciences	☐	Medical Laboratory Science
☐	Health Administration/Management	☐	Public Administration	☐	Kinesiology and Exercise Science
☐	Public Health	☐	Health Professions and Related Clinical Sciences	☐	Gerontology
☐	Biological and Biomedical Sciences	☐	Psychology	☐	Social Sciences, Arts and Humanities
☐	Physical Sciences	☐	Business, Management, Marketing and Related	☐	Education
☐	Law	☐	Engineering	☐	Other Field of Study

G. Professional Liability Insurance

My professional liability insurance policy includes coverage for:

_____per occurrence and _____ aggregate per year with

Amount (per occurrence minimum is $2,000,000) *Amount (aggregate minimum is $5,000,000)*

a deductible of _____. My professional liability insurance is provided by

Amount (deductible must be no more than $5,000)

_____, _____

Name of Insurance Company *Policy Number*

and is valid from _____until _____

Effective Date (mm/dd/yyyy) *Expiry Date (mm/dd/yyyy)*

H. Eligibility to Register		
1.	I certify that: - I completed my Massage Therapy program within the previous three years; **or** - I have successfully completed the CMTO Refresher Course within the last 15 months; **or** - I have provided at least 500 hours of direct client care within the scope of practice of Massage Therapy within the previous three years, and that I provided that care in a regulated Canadian jurisdiction where I was registered as a Massage Therapist at the time the care was provided; **or** - I am eligible to apply for registration with the CMTO under the Canadian Free Trade Agreement (CFTA) and have met all related requirements.	Yes ☐ No ☐
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 ☐ No ☐
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 ☐ No ☐
4.	I certify that I have read and understood the Standards of Practice, the Code of Ethics, the College's by-laws, policies and position statements, and the *Massage Therapy Act, 1991* and its regulations.	Yes ☐ No ☐

I. Offences and Investigations		
1.	Have you been found guilty of an offence under a federal, provincial or municipal law?	Yes ☐ No ☐
2.	Has there been a finding of professional negligence or malpractice against you?	Yes ☐ No ☐
3.	Have you been charged with, found guilty of, or convicted of a criminal offence?	Yes ☐ No ☐
4.	Have you been charged with, found guilty of, or convicted of an offence under the *Health Insurance Act,* the *Controlled Drugs and Substances Act* or an offence related to the practice of a regulated profession?	Yes ☐ No ☐
5.	Has there been a finding of professional misconduct, incompetence or incapacity, or any like finding against you, in Ontario or any other jurisdiction in relation to any regulated profession including Massage Therapy?	Yes ☐ No ☐
6.	Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any like finding, in Ontario or any other jurisdiction in relation to any regulated profession including Massage Therapy?	Yes ☐ No ☐
7.	Have you been charged with, found guilty of, or convicted of an offence anywhere in Canada, of holding yourself out, and/or practicing as a regulated health professional without being so registered?	Yes ☐ No ☐
8.	Are you the subject of any currently existing condition or restriction related to your custody or release imposed by a court or other lawful authority?	Yes ☐ No ☐

J. Previous Applications or Examinations		
1.	Have you ever had an unsuccessful application for registration as a Massage Therapist in Ontario or in another jurisdiction?	Yes ☐ No ☐
2.	Have you ever attempted to pass a professional certification, registration or licensing examination in Ontario or in another jurisdiction that has not, as of this date, resulted in a passing grade? (this does not include any unsuccessful CMTO examination attempts)	Yes ☐ No ☐

If you answered "Yes" to any of the questions in sections I or J above, please include a detailed explanation of the circumstances and any supporting documentation with this application form. Where applicable, you may be asked to provide a copy of charging documents and court transcripts related to the matter. If you have a criminal record relating to any type of driving offence, you will also be required to submit an up-to-date (no more than three months old) Certified Complete Driver's Record from ServiceOntario. This information will be assessed 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.

K. Privacy		
1.	I acknowledge that the personal information provided on this form is used by the College to administer the *Regulated Health Professions Act, 1991, the Massage Therapy Act, 1991*, 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 ☐ No ☐

L. Currency and Accuracy of Information		
1.	I understand that I must notify the College within 14 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 ☐ No ☐
2.	I hereby certify that all statements I have made in all parts of this form are true and complete (please note that submitting false or misleading information is professional misconduct and may result in disciplinary action by the College).	Yes ☐ No ☐

Applicant Signature: _____ **Date:** _____

M. Credit Card Information

Please refer to the *Initial Registration Application Guide* to determine the amount to include with this application.

Please note, the total amount due includes a non-refundable $100 application fee.

If you are paying by credit card, fill out this section. For your security and confidentiality, credit card information will be securely destroyed after processing. If you are paying by money order or bank draft, please attach your payment to this form. Personal cheques are **not** accepted.

Visa ☐ MasterCard ☐

Amount Authorized | Credit Card Number | Expiry Date

Name of Cardholder | Cardholder Signature