



Request for Change of Name

If you have legally changed your name and you would like to change your practice name registered with the College, please complete and submit this form. Please be sure that the name appearing on your wall certificate and photo ID card matches the name you use professionally. This includes the name appearing on business cards, all receipts you issue, your communications, contact information and any published materials, both electronic and printed, pertaining to your Massage Therapy practice.

To complete your request for a name change, please submit the following with this form:

- Proof of name change (e.g., marriage certificate, change of name certificate, government-issued ID or court document);
- \$20 for a photo ID card with your new name;
- \$25 for a wall certificate with your new name;
- Black and white or colour professional quality passport photograph (optional); and
- Your original wall certificate and photo ID card that require replacement.

Personal Information

Registration Number: _____

Current name on your CMTO profile:

First Name	Last Name	Middle Initial
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Updated name information:

First Name (include commonly used name in parentheses/brackets, if applicable)	Last Name	Middle Initial
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Salutation (e.g., Mr. Ms. Mrs. Miss) Gender to which you identify: M F Other _____

Your new wall certificate and photo ID card will be mailed to your preferred mailing address on file.

Fees

If you are paying by credit card, please fill out the section below. Alternatively, you may attach a cheque, money order or bank draft. To protect confidentiality, credit card information will not be retained after processing.

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	\$45		
		Amount Authorized	Credit Card Number
		Expiry Date	
Name of Cardholder		Cardholder Signature	