



Request for Change of Name in Register

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 and supporting documents by mail to:

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

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)
- Your original wall certificate and photo ID card that require replacement
- \$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)

Please make 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, electronic and printed, pertaining to your Massage Therapy practice.

Personal Information

CMTO Registration Number: _____

Current name in the register:

First Name	Last Name	Middle Initial
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Change name in register to the following:

First Name (include commonly used name in brackets, if applicable)	Last Name	Middle Initial
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Salutation (e.g., Mr. Ms. Mrs. Miss)	Gender to which you identify: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> _____	
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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, 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 <input type="checkbox"/>	MasterCard <input type="checkbox"/>	\$45		
		Amount Authorized	Credit Card Number	Expiry Date
Name of Cardholder			Cardholder Signature	