



## Refresher Course Tutor Application Form

### A. Personal Information

First Name	Last Name	Middle Initial
Preferred Salutation (e.g., Mr. Ms. Mrs. Miss)		CMTA Registration Number

### B. Contact Information

Street Address	City/Town	Province	Postal Code
Home Phone #	Cell Phone #	Email Address	

### C. Supporting Documents Required To Complete Application

1. Resume	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Letters of Reference (2) sent directly to the Director, Registration Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Letter of Good Standing <i>(If you are registered in any other profession inside or outside Ontario, please arrange to have your regulatory body send a Letter of Good Standing directly to the CMTO)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/> Not applicable <input type="checkbox"/>

### D. Confirmation of Good Standing

I certify that I do not have:

- a current investigation into my practice or conduct related to professional misconduct, fitness to practice, or other like proceedings (such as a criminal investigation)
- an unfulfilled ICRC or Discipline order (e.g. suspension still in effect, fine or costs unpaid, course work not completed etc.)
- a current suspension or revocation of Certificate of Registration for any reason
- any outstanding fees or penalties
- any quality assurance requirements unfulfilled
- any unfinished terms, conditions or limitations on my Certificate of Registration

Yes  No

E. Terms of Application – Please read carefully and check a box below for each statement before signing the application		
1.	I acknowledge that I am familiar and compliant with the current legislation, including Regulations, by-laws, Standards of Practice, and Code of Ethics and that I have successfully completed the CMTO Standards and Regulations E-Workshop within the previous two years	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	I understand that the College may remove me from the roster of CMTO approved Refresher Course tutors if, in the College’s opinion, I have a conflict of interest with respect to any other role/work/activity I may carry out	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	I certify that I will notify Registration Services promptly if there is a current investigation into my practice or conduct related to professional misconduct, fitness to practice, or other like proceedings (such as a criminal investigation)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	I understand that the College will remove me from the roster if : <ul style="list-style-type: none"> <li>- there is a current investigation into my practice or conduct related to professional misconduct, fitness to practice, or other like proceedings (such as a criminal investigation)</li> <li>- my Certificate of Registration is suspended for any reason</li> <li>- I cease to hold a General Certificate of Registration</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	I agree that if the College removes my name from the roster of CMTO approved Refresher Course tutors for any of the reasons noted in sections 2. and/or 4. above, I will assist any individuals I am in the process of tutoring at that time to find a new CMTO approved tutor to complete the tutoring program	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	I understand that I must reapply every two years to become a Refresher Course tutor	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	I certify that the facts contained in this application and any other document submitted with this application, as well as any information provided by me during the selection process, are complete and accurate to the best of my knowledge <i>(Please note that submitting information to CMTO that you know contains false or misleading information may result in disciplinary action by the College).</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

F. Additional Qualifications (To be completed by CMTO Staff)		
1.	Applicant has held a General Certificate of Registration with the CMTO for at least the previous five years and is in good standing with the College (as defined in the Guide to the CMTO Refresher Course)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Applicant has experience as an educator that is acceptable to the College	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Applicant has successfully completed the CMTO Standards and Regulations E-Workshop within the previous two years	Yes <input type="checkbox"/> No <input type="checkbox"/>

### G. Communication

Please check the languages in which you can provide tutoring services: English  French  or  Both

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 email:**

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