



College of
Massage
Therapists of
Ontario

College of Massage Therapists of Ontario

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REFRESHER COURSE TUTOR APPLICATION FORM

A. PERSONAL INFORMATION

First Name	Last Name	Middle Initial
Preferred Salutation (e.g., Mr. Ms. Mrs. Miss)		CMTO 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. 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	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	I understand that the College may remove me from the roster 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 understand that I must reapply every two (2) years to become a Refresher Course tutor	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	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"/>

E. ADDITIONAL QUALIFICATIONS (To be completed by CMTO Staff)

1.	Applicant holds a General Certificate of registration with the CMTO and is in good standing with the College	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"/>
4.	Applicant has successfully completed the CMTO Standards and Regulation e-course within the previous two (2) years	Yes <input type="checkbox"/>	No <input type="checkbox"/>

F. COMMUNICATION

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

Signature: _____

Date: _____