



**2018 Application for Reinstatement of a Suspended Certificate of Registration
for Non-Payment of Fees**

Please select one:

I am applying for reinstatement of a General Certificate (GC)

OR

I am applying for reinstatement of an Inactive Certificate (IN)

A. Personal Information

First Name

Last Name

Middle Initial

Registration Number

Preferred Salutation (e.g., Mr. Ms. Mrs. Miss)

B. Home Contact Information

Street Address

City/Town

Province

Postal Code

Home Phone #

Cell Phone #

Email Address

C. Business Contact Information

If you do not provide the College with business contact information, your home contact information will be deemed to be your practice location and listed on the Public Register.

Business Name

Street Address

City/Town

Province

Postal Code

Business Phone #

Business Email Address

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	Adults
All ages	Seniors 65+ years	

For additional practice locations, please provide all of the above information on a separate sheet of paper

D. Communications

Preferred Mailing Address: Home Business
Preferred Telephone Contact: Home Business Cell

E. 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)*

F. Eligibility to Register – General Certificate

1.	I certify that I completed my Massage Therapy program within the previous three years or that I have successfully completed the CMTO Refresher Course within the last fifteen months or that I was first registered with CMTO less than two years ago. Alternatively, I certify that 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.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <i>Massage Therapy Act, 1991</i> and its regulations.	Yes <input type="checkbox"/> No <input type="checkbox"/>

OR

G. Eligibility to Register – Inactive Certificate

1.	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 <i>Massage Therapy Act, 1991</i> and its regulations.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	I hereby certify that I will not practise as a Massage Therapist in Ontario during the term of my Inactive Certificate and that if I do decide to return to practice in Ontario, I will apply to the College of Massage Therapists of Ontario for a General Certificate registration.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	I acknowledge that it is professional misconduct to practise Massage Therapy while holding an Inactive Certificate or while suspended. I understand that signing receipts for Massage Therapy while Inactive or suspended may be considered insurance fraud and that the College will investigate complaints and may take further action.	Yes <input type="checkbox"/> No <input type="checkbox"/>

H. Offences and Investigations Since Last Registration/Renewal

1.	Have you been found guilty of an offence under a federal, provincial or municipal law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Has there been a finding of professional negligence or malpractice against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you been charged, found guilty or convicted of a criminal offence or an offence under the <i>Health Insurance Act</i> or the <i>Controlled Drugs and Substances Act</i> or an offence related to the regulation of the practice of a regulated profession?	Yes <input type="checkbox"/> No <input type="checkbox"/>

4.	Has there been a finding of professional misconduct, incompetency or incapacity, or any like finding against you in Ontario in relation to the Massage Therapy profession or another regulated profession, or in another jurisdiction in relation to the Massage Therapy profession or another regulated profession?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any similar allegation, in Ontario or in any other jurisdiction, in relation to the profession of Massage Therapy or another regulated profession?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Have you been charged with and found guilty of an offence, anywhere in Canada, of holding yourself out, and/or practicing, as a regulated professional without being so registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	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 <input type="checkbox"/> No <input type="checkbox"/>

I. Offences and Investigations Reporting

1.	Have the details for all findings, charges, convictions, cases and proceedings been previously provided to the Registration Services Department of the College? (Please leave blank if you answered "No" to all of the questions above as this is not applicable).	Yes <input type="checkbox"/> No <input type="checkbox"/>
----	--	--

If you answered "Yes" to any of the questions in sections H or I above, please include a detailed explanation of the circumstances and any supporting documentation with this application form.

J. Privacy

I acknowledge that the personal information provided on this form is used by the College to administer the <i>Regulated Health Professions Act, 1991</i> and the <i>Massage Therapy Act, 1991</i> and their regulations; the College by-laws, policies and Standards of Practice. I also acknowledge that this information is used for research and other projects related to the governance of Registered Massage Therapists and is collected, used and disclosed in accordance with the College Privacy Policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

K. Currency and Accuracy of Information

1.	I understand that I must notify the College in writing within 14 days of any change of location of practice or principal practice, business name of practice, business telephone number, e-mail address or principal residence.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	I hereby certify that all statements I have made in all parts of this form are true and complete. (Please note that submitting an application that you know provides false or misleading information is professional misconduct and may result in disciplinary action by the College.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature: _____

Date: _____

L. Fees and Credit Card Information

Please refer to the fees below and be sure to include the correct amount to avoid processing delays:

General Certificate (GC) Reinstatement Fees:

Certificate suspended in 2017: Reinstate to General Certificate	
Reinstatement Fee	\$300.00
2017 IN Fee	\$179.00
2018 GC Fee	\$598.00
TOTAL AMOUNT DUE:	\$1077.00

Inactive (IN) Certificate Reinstatement Fees:

Certificate suspended in 2017: Reinstate to Inactive Certificate	
Reinstatement Fee	\$300.00
2017 IN Fee	\$179.00
2018 IN Fee	\$182.00
TOTAL AMOUNT DUE:	\$661.00

Certificate Suspended in 2018: Reinstate to General Certificate	
Reinstatement Fee	\$300.00
2018 GC Fee	\$598.00
TOTAL AMOUNT DUE:	\$898.00

Certificate suspended in 2018: Reinstate to Inactive Certificate	
Reinstatement Fee	\$300.00
2018 IN Fee	\$182.00
TOTAL AMOUNT DUE:	\$482.00

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

Date of Expiry

Name of Cardholder

Cardholder Signature