College of Massage Therapists of Ontario
1867 Yonge Street, Suite 810, Toronto, ON M4S 1Y5 | www.cmto.com | cmto@cmto.com
Phone 416.489.2626 | Toll-free (Ontario) 800.465.1933

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

Please select <u>one</u>:

❑ 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 # | E-mail 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 E-mail 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
	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 (for GCs only)

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 Reinstate to General Certificate

1.	I certify that: - I completed my Massage Therapy program within the previous three years; **or** - I have successfully completed the CMTO Refresher Course within the last 15 months; **or** - I was first registered with CMTO less than two years ago; **or** - 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 ☐ No ☐
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 ☐ No ☐
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 ☐ No ☐
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 *Massage Therapy Act, 1991* and its regulations.	Yes ☐ No ☐

OR

G. Eligibility to Reinstate to 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 *Massage Therapy Act*, *1991* and its regulations.	Yes ☐ No ☐
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 of registration.	Yes ☐ No ☐
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 ☐ No ☐

H. Acupuncture in Massage Therapy Practice		
1.	Are you using acupuncture in your Massage Therapy practice?	Yes ☐ No ☐

I. Using Acupuncture in Massage Therapy Practice		
If you answered Yes to the question in **section H** above, please review the following statements and respond to the declaration		
1.	I have read and understood the College's Standards of Practice, including the Standard of Practice for Acupuncture, and the Acupuncture Practice Competencies and Performance Indicators, and am aware of how they would apply to my performance of acupuncture	Yes ☐ No ☐
2.	I have read and understood the College's regulations and am aware of how they would apply to my performance of acupuncture	Yes ☐ No ☐
3.	I will practice acupuncture only within the Scope of Practice for Massage Therapy	Yes ☐ No ☐
4.	I have the appropriate knowledge, skill and judgement to perform acupuncture within the Scope of Practice for Massage Therapy	Yes ☐ No ☐
5.	I understand that being on the College acupuncture roster may result in being selected for Quality Assurance practice assessments on a more frequent basis that non-rostered persons	Yes ☐ No ☐
6.	I understand that if a practice assessment, audit or investigation demonstrates that my knowledge, skill or judgment to perform acupuncture is unsatisfactory I may be temporarily or permanently removed from the acupuncture roster and would not be permitted to perform acupuncture	Yes ☐ No ☐
7.	I declare that my professional liability insurance includes coverage of acupuncture in my Massage Therapy practice.	Yes ☐ No ☐
8.	I hereby certify and declare that I have read, understood, and comply with each of the above seven statements regarding my acupuncture practice.	Yes ☐ No ☐

J. Offences and Investigations Since Last Renewal		
1.	Have you been found guilty of an offence under a federal, provincial or municipal law?	Yes ☐ No ☐
2.	Has there been a finding of professional negligence or malpractice against you?	Yes ☐ No ☐
3.	Have you been charged with, found guilty of, or convicted of a criminal offence?	Yes ☐ No ☐
4.	Have you been charged with, found guilty of, or convicted of an offence under the *Health Insurance Act,* the *Controlled Drugs and Substances Act* or an offence related to the practice of a regulated profession?	Yes ☐ No ☐
5.	Has there been a finding of professional misconduct, incompetence or incapacity, or any like finding against you, in Ontario or any other jurisdiction in relation to any regulated profession including Massage Therapy?	Yes ☐ No ☐
6.	Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any like finding, in Ontario or any other jurisdiction in relation to any regulated profession including Massage Therapy?	Yes ☐ No ☐
7.	Have you been charged with, found guilty of, or convicted of an offence anywhere in Canada, of holding yourself out, and/or practicing as a regulated health professional without being so registered?	Yes ☐ No ☐
8.	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 ☐ No ☐

If you answered "Yes" to any of the questions in section J above, please include a detailed explanation of the circumstances and any supporting documentation with this application form. This information will be reviewed by the Professional Conduct department.

K. Privacy	
I acknowledge that the personal information provided on this form is used by the College to administer the *Regulated Health Professions Act*, *1991*, the *Massage Therapy Act, 1991*, the Regulations, the By-laws, the policies, the Standards of Practice, and for research and other projects related to the governance of Massage Therapists and is collected, used, and disclosed in accordance with the College Privacy Policy.	Yes ☐ No ☐

L. 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 ☐ No ☐
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 ☐ No ☐

Signature: _____ **Date:** _____

O. 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

Please submit your completed form by mail, fax or e-mail:

By Mail	**By Fax**	**By E-mail**
College of Massage Therapists of Ontario Attn: Registration Services 1867 Yonge Street, Suite 810 Toronto, ON M4S 1Y5	416-489-2625	registrationservices@cmto.com