



DECLARATION OF RESIGNATION

I, _____

Name

Registration Number

hereby notify the College of Massage Therapists of Ontario (CMTO) that I am resigning my registration with the CMTO effective _____.

(mm/dd/yyyy)

I understand that the College will not backdate my request to resign and that my resignation will be effective as of the date the College receives and processes my request to resign.

I understand that as of the date my resignation is processed, I may no longer practise Massage Therapy in the province of Ontario. In addition, I have read and understood the College's policy on the Use of Titles and Credentials. I may not use the title "Registered Massage Therapist" or "Massage Therapist," or any variation or abbreviation stated within the policy, and I will not hold myself out as qualified to practice Massage Therapy in Ontario.

I understand that my Certificate of Registration may not be posted at any future place of employment or any place that may promote Massage Therapy.

I understand that should I wish to become registered with the CMTO again in future, I must reapply and meet all of the registration requirements in place at the time of my reapplication, which may include a successful completion of an approved refresher course and/or examinations, if appropriate.

Reason for Resignation (check only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Changed Profession | <input type="checkbox"/> Retired | <input type="checkbox"/> Moved to another country |
| <input type="checkbox"/> Moved to another province | <input type="checkbox"/> While under investigation | <input type="checkbox"/> Prior to discipline decision |

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 E-mail

registrationservices@cmta.com