



College of  
Massage  
Therapists of  
Ontario

## College of Massage Therapists of Ontario

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### 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 after this date, 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 College of Massage Therapists of Ontario again in future, I must reapply and meet all of the registration requirements in place at the time of my re-application, which may include a successful completion of an approved refresher course and/or examinations, if appropriate.

**Reason for Resignation:**

- Changed Profession
- Retired
- Moved to another country
- Moved to another province
- While under investigation
- Prior to discipline decision

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_