



DECLARATION OF STATUS CHANGE

General Certificate to Inactive Certificate

I, _____
Registered Name Registration Number

hereby notify the College of Massage Therapists of Ontario that I am changing my registration status from a General Certificate to an Inactive Certificate.

My status change will be effective as of _____.
(mm/dd/yyyy)

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.

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.

I also understand that should I wish to return to a General Certificate, further training in an approved Ontario Massage Therapy program or a refresher course may be required.

Reason for Status Change (check only one):

- Changed Profession
- Less than 500 hours of direct client care in the previous 3 years
- Moved to another country
- Moved to another province
- On leave

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