



Verification of Registration Status Request for CFTA / Letter of Standing Form

Personal Information

First Name Last Name Registration Number

Home Contact Information

Street Address City/Town Province Postal Code

Home Phone # Cell Phone # E-mail Address

Select From the Following Options:

Option 1: Verification of Registration Status Request for CFTA

I require a **Letter of Good Standing**

This letter is issued only to registrants transferring to a regulated Canadian jurisdiction (British Columbia, Newfoundland or New Brunswick) through the *Canadian Free Trade Agreement (CFTA)*. Please note that the registration status letter will not be faxed or e-mailed, it will be mailed directly to the regulatory body.

Please select one of the following – I am transferring to: **College of Massage Therapists of British Columbia (CMTBC)**

College of Massage Therapists of Newfoundland & Labrador (CMTNL)

College of Massage Therapists of New Brunswick (CMTNB)

I authorize CMTO to provide the information related to my registration to the regulator noted above.

Signature

Date

Option 2: Letter of Standing

I require a **Letter of Standing**

This option is to be used by registrants who wish to have a formal letter from CMTO confirming their current standing with the College for the purposes of employment, registration in an unregulated jurisdiction, volunteering, or for an educational institution. The information provided in a Letter of Standing will reflect a registrant’s current standing as indicated on the searchable public register. This letter can include educational details if desired.

Include information about my Massage Therapy education such as, the school I attended and the date of my graduation (Optional)

Please mail my Letter of Standing to:

Organization/ Individual’s Name

Street Address

City / Town

Province / State

Postal Code / Zip Code

Country

I authorize CMTO to provide information related to my registration with the College, all of which is publicly available on the CMTO public register, to the organization or individual noted above.

Signature

Date

FEES

The fee for Verification of Registration Status/ Letter of Standing is **\$25.00**. 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

\$25.00

Amount Authorized

Credit Card Number

Date of Expiry

Name of Cardholder

Signature

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@cmtto.com