

COLLEGE OF MASSAGE THERAPISTS OF ONTARIO

2010 Certification Examination Application



GENERAL INFORMATION				
Last Name:		First Name:		Title:
Mailing Address:		City:		Province:
Postal Code:		Date of Birth (mm/dd/yyyy)		Gender (M/F)
Home Phone :	Cell Phone:	E-mail:		
School Attended:			Graduation Date (mm/dd/yyyy)	
CERTIFICATION EXAMINATIONS				
<p>The OSCE portion of the Certification Exams is offered on specific dates from May until November. Please consult the <i>2010 Candidate Handbook</i> on the CMTO website www.cmto.com for dates and enter your preference(s) below. OSCE dates and times are subject to availability. Submission deadline is one month before the exam date (special accommodations require a three month submission deadline). The MCQ is offered throughout the year. This application can be used to apply for both the OSCE and the MCQ.</p>				
OSCE DATE	OSCE	LANGUAGE		
		<input type="checkbox"/> English	<input type="checkbox"/> French	
		<input type="checkbox"/> English	<input type="checkbox"/> French	
		<input type="checkbox"/> English	<input type="checkbox"/> French	
MULTIPLE CHOICE EXAMINATION (MCQ)				
*Candidates will be able to select an MCQ exam date after payment has been processed.			<input type="checkbox"/> English	<input type="checkbox"/> French
EXAMINATION FEES AND PAYMENT				
<input type="checkbox"/> OSCE: \$700.00		<input type="checkbox"/> MCQ: \$225.00		
PAYMENT OPTIONS				
<input type="checkbox"/> Certified Cheque <i>OR</i> Money Order (enter total amount) \$ _____ <i>*We do not accept personal cheques</i>				
<input type="checkbox"/> VISA OR MASTERCARD#: _____ / _____ / _____ / _____ Expiry Date: (month/year) _____ / _____ Amount: \$ _____ Name of cardholder as it appears on credit card: _____ Signature of Cardholder: _____				
ACKNOWLEDGEMENTS				
I have or will have read the <i>2010 Candidate Handbook</i> prior to taking Certification Exams with the College (<i>Please check</i>) <input type="checkbox"/>				
I acknowledge that the personal information provided on this form is used by the College to administer the <i>Regulated Health Professions Act, 1991</i> , the <i>Massage Therapy Act, 1991</i> , 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 Code. I have completely read and understand the candidate information and procedures stated in the Candidate Handbook and signed below as proof of doing so.				
CANDIDATE SIGNATURE: _____ DATE: (MM/DD/YYYY) _____				