



## 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 refund my registration fee, even if I am a registrant for only a portion of the year.

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 if I chose not to return my Certificate of Registration to the College, it 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 successful completion of an approved refresher course and/or examinations, and the payment of any outstanding fees owing to the College, including but not limited to the 2021 General Certificate renewal second payment installment of \$392.50 (if applicable).

### 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 |

Please advise whether your decision to resign your registration was influenced by the COVID-19 pandemic:

Yes

No

Comments:

**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](mailto:registrationservices@cmta.com)