



Application Under the Canadian Free Trade Agreement (CFTA) (For applicants from regulated jurisdictions only)

A. Personal Information

First Name Commonly Used Name (if applicable) Last Name Middle Initial

Preferred Salutation (e.g., Mr. Ms. Mrs. Miss) Gender Identity: M F Other _____ Date of Birth

B. Home Contact Information

Street Address City/Town Province Postal Code

Home Phone # Cell Phone # Email Address

C. Citizenship/Residence Status

Are you a Canadian citizen, landed immigrant, or have a valid employment authorization from Immigration Canada to engage in the practice of the profession? Yes No

D. Education/Registration

Name of school where Massage Therapy program was completed Date program completed

Address of school where Massage Therapy program was completed

Please indicate which province you are coming from: _____

Former registrants only – If you were previously registered with the CMTO, please indicate your previous registration number if you can recall it: _____

Please list any jurisdictions outside of Canada you have been registered in: _____

Other than Massage Therapy, have you ever been registered with another health profession? Yes No

If yes, which profession? _____

If yes, in what province/state/country? _____

E. Language Fluency Declaration

I am able to speak and write either English or French with reasonable fluency and, if requested by the College, will provide the requested proof of fluency. Yes No

What is your preferred language of communication with the CMTO? English
 French

F. Letter of Standing Form

Has a [Letter of Standing Form](#) been mailed by your regulator directly to CMTO? Yes No

Please note that your application will not be processed until a [Letter of Standing Form](#) has been received directly from your regulator. The form must have been completed by your regulator within the last six months.

G. Jurisprudence Exam or Standards and Regulations e-Workshop

It is a requirement under the Canadian Free Trade Agreement (CFTA) that applicants complete either a 90-minute Jurisprudence Examination or a four-week online Standards and Regulations workshop. More details are available on our website at www.cmto.com.

Please choose one of the following options:

- I would like to complete the **Jurisprudence Exam**
OR
 I would like to complete the **Standards and Regulations e-Workshop**

You may include your Standards and Regulations e-Workshop Application Form or your Jurisprudence Examination Application Form with this application.

Once you have successfully completed the Jurisprudence Examination or the Standards & Regulations e-workshop, you will be required to complete the Initial Registration Process. Information about how to apply for registration with CMTO and details about required documents and fees will be provided to you by email at that time.

I hereby certify that all statements I have made in all parts of this form are true and complete. I have read and understand all of the information provided above:

Applicant's Signature: _____

Date: _____

Please submit your completed form by mail, fax or email:

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 Email

registrationservices@cmto.com