



Certification Examination Application

A candidate's education must be no more than three years old on the date they are scheduled to take an examination. If their education is more than three years old, they must successfully complete a [CMTO-approved refresher course](#) no more than 15 months before the date they are scheduled to take an examination.

A. PERSONAL INFORMATION

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

Preferred Salutation (e.g., Mr. Ms. Mrs. Miss) Gender: M F Other _____ date of birth (mm/dd/YY)

B. HOME CONTACT INFORMATION

Street Address City/Town Province Postal Code

Home Phone # Cell Phone # Email Address

MT School attended Date of Graduation

C. CERTIFICATION EXAMINATIONS – Multiple Choice Question (MCQ) and Objectively Structured Clinical Evaluation (OSCE)

The OSCE & MCQ schedules are posted in the [Examination Candidate Handbook](#) on the College website. To view OSCE date availability, please login to your CMTO profile. If you have not created a profile, please reference the *Examination Candidate Handbook* for profile creation instructions. Application deadlines for the OSCE & MCQ are provided in the *Examination Candidate Handbook*.

D. OSCE DATES SELECTION

OSCE DATE	OSCE SESSION/TIME	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

E. MCQ DATES SELECTION

MCQ DATE	MCQ SESSION/TIME	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

EXAMINATION FEES AND PAYMENT OPTIONS

The OSCE examination fee is \$700.00 The MCQ examination fee is \$500.00

Please check this box if you are paying by certified cheque or money order and attach your payment to this form.

(Enter total amount) \$ _____

***Please note that CMTO does not accept personal cheques**

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.

(Enter total amount) \$ _____

Visa MasterCard

	Amount Authorized	Credit Card Number	Date of Expiry
Name of Cardholder	Cardholder Signature		

LANGUAGE FLUENCY REQUIREMENT – You must meet at least one of the two criteria identified below

My first language is English or French. YES NO

I completed a minimum of three years of my secondary school education (high school) in English or French. YES NO

ACKNOWLEDGMENTS

I have or will have read the *Examination Candidate Handbook* prior to taking Certification Exams with the College (Please check)

I acknowledge that the personal information provided on this form is used by the College to administer the *Regulated Health Professions Act, 1991*, the *Massage Therapy Act, 1991*, 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, understand and will comply with the policies and procedures outlined in the *Examination Candidate Handbook* and signed below as proof of doing so.

CANDIDATE SIGNATURE: _____

DATE _____