



## Initial Registration Application Form

For assistance completing this form, refer to the *Initial Registration Application Guide*.

This form is **not** required if you have completed an online application by logging in to your CMTO online profile.

If you are completing this form, you must include the *Initial Registration Document Checklist* along with the items listed which can all be submitted by email to [registrationservices@cmto.com](mailto:registrationservices@cmto.com).

### 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 <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/> _____	CMTO ID #	

### B. Home Contact Information

Street Address	City/Town	Province	Postal Code
Home Phone #	Cell Phone #	Email Address	

### C. Business Contact Information (if applicable)

If you have not provided the College with a business address, your home address will be deemed to be your practice location and will be listed on the public register (Find an RMT) on the College website. If you have additional practice locations, please provide all of the following information for each practice location on a separate sheet of paper.

Effective Date of Employment (mm/dd/yyyy)	Business Name		
Street Address	City/Town	Province	Postal Code
Business Phone #	Business Email Address	Business Website	

Full-Time/Part-Time Status (check one only):      Full-Time       Part-Time       Casual

Practice Location Category (check one only):      Permanent       Temporary       Casual       Self-Employed

Practice Setting (check one only):

Assisted Living Residence/Supportive Housing	Association/Government/Regulatory Org/Non-Government Org	Board of Health or Public Health Laboratory or Public Health Unit
Cancer Centre	Children Treatment Centres (CTC)	Client's Environment
Clinic Setting (Group)	Clinic Setting (Solo-Home Based)	Clinic Setting (Solo-Office Based)
Community Health Centre	Correctional Facility	Family Health Teams (FHTs)
Health Club	Health Related Business/Industry	Hospital
Mental Health & Addiction Facility	Nurse Practitioner Led Clinic	Other Place of Work
Post-Secondary Educational Institution	Preschool/School System/Board of Education	Rehabilitation Facility
Residential/Long-Term Care Facility	Spa	Telehealth Ontario and Telephone Health Advisory Service

Major Service Provided (check one only):

Acute Care	Areas of Administration	Areas of Consultation
Areas of Post-Secondary Education	Areas of Quality Management	Areas of Research
Areas of Sales	Cancer Care	Chronic Disease Prevention and Management
Comprehensive Primary Care	Continuing Care	Critical Care
Emergency	General Service Provision	Geriatric Care
Infectious Disease Prevention and Control	Mental Health and Addiction	Other Areas of Service/Consultation
Other Areas	Palliative Care	Primary Maternity Care
Public Health		

Primary Role (check one only):

Administrator	Manager	Salesperson
Consultant	Owner/Operator	Service Provider
Instructor/Educator	Quality Management Specialist	Researcher

Age Range of Clients (check one only):

<input type="checkbox"/>	Pediatrics 0 to 17 Years	<input type="checkbox"/>	Adults 18 to 64
<input type="checkbox"/>	Seniors 65+ Years	<input type="checkbox"/>	All Ages

For additional practice locations, please provide all of the above information for each location on a separate page.

#### D. Communications

Preferred Address for College communications: Home  Business   
Preferred Telephone Contact: Home  Business  Cell   
Preferred Email Address: Home  Business

Do you consent to the College sharing your registration number with insurers to verify your status? Yes  No

Do you consent to the College sharing your address with the Registered Massage Therapists

Association of Ontario (RMTAO)? Yes  No

Do you speak and write in English? Yes  No

Do you speak and write in French? Yes  No

Are you visually impaired? Yes  No

If you are visually impaired, do you need accommodation? Yes  No

If you are visually impaired and require College publications in an alternate format, please select all that apply:

- Large font
- Large font with white background
- Other format(s) – Please specify: \_\_\_\_\_

Please list the languages in which you can personally and competently provide professional services, **including English and/or French**:

---

#### E. Professional Registration and Practice History Outside Ontario

**IMPORTANT:** If you are currently registered, or have previously been registered, to practise in any regulated profession or registered trade in any jurisdiction, please arrange to have your regulatory body send a [Letter of Standing Form](#) directly to CMTO. Your initial registration application will not be processed until this form has been received directly from your regulator. If you are a Massage Therapist from British Columbia, Newfoundland and Labrador, New Brunswick, or Prince Edward Island and a Letter of Standing has already been submitted from your Massage Therapy regulatory college as part of your application under the Canadian Free Trade Agreement (CFTA), an additional form is not required.

Are you currently registered as a Massage Therapist with another regulatory body outside of Ontario? Yes  No

If yes, in which province, territory, state or country are you currently registered? Please list all that apply.

---

Have you ever practised Massage Therapy anywhere outside of Ontario? Yes  No

If yes, in which province, territory, state or country have you practised? (Please include the dates you practised in each):

List all other professional regulators or registered trades both inside and outside Ontario with which you are currently, or were previously, registered (this does not include any professional associations you may be a member of):

### F. Education Outside of Massage Therapy

Have you completed an additional educational program other than Massage Therapy? Yes  No

If yes, please indicate:

College Diploma  Bachelor  Master  Doctorate  Professional Doctorate  Other

Name of Post-Secondary Institution Province, Territory, State or Country Year of Graduation

Please select your field of study:

General Rehabilitation Science	Mathematics, Computer Information Sciences	Medical Laboratory Science
Health Administration/Management	Public Administration	Kinesiology and Exercise Science
Public Health	Health Professions and Related Clinical Sciences	Gerontology
Biological and Biomedical Sciences	Psychology	Social Sciences, Arts and Humanities
Physical Sciences	Business, Management, Marketing and Related	Education
Law	Engineering	Other Field of Study

### G. Professional Liability Insurance

My professional liability insurance policy includes coverage for:

\_\_\_\_\_ per occurrence and \_\_\_\_\_ aggregate per year with  
*Amount (per occurrence minimum is \$2,000,000)* *Amount (aggregate minimum is \$5,000,000)*

a deductible of \_\_\_\_\_. My professional liability insurance is provided by  
*Amount (deductible must be no more than \$5,000)*

\_\_\_\_\_  
*Name of Insurance Company*

\_\_\_\_\_  
*Policy Number*

and is valid from \_\_\_\_\_ until \_\_\_\_\_  
*Effective Date (mm/dd/yyyy)* *Expiry Date (mm/dd/yyyy)*

H. Education Requirements		
Please indicate how you have fulfilled the education requirement for registration (please select ONLY one):		
1.	I completed a recognized Massage Therapy program within the previous three years.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	I completed a recognized Massage Therapy program more than three years ago and successfully completed the CMTO Refresher Course within the last 15 months.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	I completed a recognized Massage Therapy program more than three years ago and have provided at least 500 hours of direct client care within the scope of practice of Massage Therapy within the previous three years, and I provided that care in a regulated Canadian jurisdiction where I was registered as a Massage Therapist at the time the care was provided.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	I am eligible to apply for registration with the CMTO under the Canadian Free Trade Agreement (CFTA) and have met all related requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/>

I. Eligibility and Attestation		
1.	I understand that as a General Certificate holder, I must maintain a primary practice location in Ontario, and I will update my business contact information with the College within 14 days of securing or changing employment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	I certify that I am a Canadian citizen, landed immigrant, or have a valid employment authorization from Immigration Canada to engage in the practice of the profession.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	I certify that I have read and understood the Standards of Practice, the Code of Ethics, the College's by-laws, policies and position statements, and the <i>Massage Therapy Act, 1991</i> and its regulations.	Yes <input type="checkbox"/> No <input type="checkbox"/>

J. Conduct*		
1.	Have you ever been found guilty of an offence under a federal, provincial or municipal law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Has there ever been a finding of professional negligence or malpractice against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Have you ever been charged with, found guilty of, or convicted of a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Have you ever been charged with, found guilty of, or convicted of an offence under the <i>Health Insurance Act</i> , the <i>Controlled Drugs and Substances Act</i> or an offence related to the practice of a regulated profession?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Has there ever been a finding of professional misconduct, incompetence or incapacity, or any like finding against you, in Ontario or any other jurisdiction in relation to any regulated profession, including Massage Therapy or registered trade?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any like finding, in Ontario or any other jurisdiction in relation to any regulated profession, including Massage Therapy or registered trade?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Have you ever been charged with, found guilty of, or convicted of an offence anywhere in Canada, of holding yourself out, and/or practising as a regulated health professional without being so registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Are you the subject of any currently existing condition or restriction related to your custody or release imposed by a court or other lawful authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>

K. Previous Applications or Examinations*		
1.	Have you ever had an unsuccessful application for registration as a Massage Therapist in Ontario or in another jurisdiction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Have you ever attempted to pass a professional certification, registration or licensing examination for a regulated profession or registered trade in Ontario or in another jurisdiction that has not, as of this date, resulted in a passing grade? (this does not include any unsuccessful Ontario Massage Therapy examination attempts)	Yes <input type="checkbox"/> No <input type="checkbox"/>

L. Declarations and Authorization*		
1.	Do you currently suffer from any physical or mental condition or disorder that could affect your ability to practise Massage Therapy in a safe manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Is there any event, circumstance, condition or matter not disclosed above with respect to your character, conduct, competence or capacity that might affect your ability to practise as a Massage Therapist in Ontario safely, and with decency, honesty and integrity, and in accordance with the law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	I understand that I must notify the College within 14 days of any change of location of practice or principal practice, business name of practice, business telephone number, email address or principal residence in writing.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	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's Privacy Policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	I hereby certify that all statements I have made in all parts of this form and any additional information and/or documentation submitted for the purposes of this application process are true and complete (please note that submitting false or misleading information is professional misconduct and may result in disciplinary action by the College).	Yes <input type="checkbox"/> No <input type="checkbox"/>

**\*If you answered "Yes" to any of the questions in section J, section K, and questions 1 and 2 in section L, please include a detailed explanation of the circumstances and any supporting documentation with this application form. Where applicable, you may be asked to provide a copy of charging documents and court transcripts related to the matter. If you have a criminal record relating to any type of driving offence, you will also be required to submit an up-to-date (no more than three months old) Certified Complete Driver's Record from ServiceOntario. This information will be assessed by the Registrar to determine if it should be reviewed by the Registration Committee. You will be contacted by Registration Services staff if a referral to the Committee is required.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To pay the registration fees, provide your payment information on the following page.**

## M. Credit Card Information

Please note: If you have paid your registration fee online by logging in to your CMTO online profile, this form is not required.

Please refer to page 6 of the *Initial Registration Application Guide* for the required amount which is based on the month you apply for registration. The total amount due includes a *non-refundable* \$100 application fee.

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, attach your payment to this form and submit it by mail. Please refer to the *Initial Registration Document Checklist* for more information about submissions by mail.

CMTO does not accept cash or personal cheques.

Visa  MasterCard

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