



College of
Massage
Therapists of
Ontario

College of Massage Therapists of Ontario

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LANGUAGE FLUENCY ASSESSMENT REQUEST FOR EXTENSION

PERSONAL INFORMATION		
Preferred Salutation (e.g., Mr. Ms. Mrs. Miss.): _____		
_____	_____	_____
First Name	Last Name	Middle Initial
CONTACT INFORMATION		
_____		_____
Street Address		Apt./Unit/Suite #
_____	_____	_____
City/Town	Province	Postal Code
_____	_____	_____
Home Phone	Cell Number	Email Address
MESSAGE THERAPY EDUCATION INFORMATION		
_____		_____
Name of Educational Institution		Expected Date of Graduation
Please explain why you should be permitted to participate in the Certification Examinations prior to meeting the requirements of the CMTO Language Fluency Policy (you may attach your explanation in a separate document). PLEASE INCLUDE DOCUMENTATION IN SUPPORT OF YOUR REQUEST.		

I certify that all of the information submitted in support of my request for an extension to meeting the language fluency requirement is complete and accurate:

Signature

Date