



Massage Therapy Education and Credentials Assessment (MTECA) Application Form

Please refer to the *MTECA Handbook* when completing this form.

Personal Information

First Name (include your commonly used name in brackets if applicable) Last Name Middle Initial

Salutation (Mr. Ms. Mrs. Miss) Gender (to which you identify): M F Other : _____ Date of Birth (mm/dd/yy)

Home Contact Information

Street Address City/Town Province/Country Postal Code

Home Phone # Cell Phone # Email Address

Education Information

Name of Educational Institution

Educational Institution Mailing Address

Name of Program Completed Year Program Completed Number of Program Hours

Application Fee Payment

Fees for the MTECA process:

Application Fee	\$100.00	This fee is due upon receipt of this application form from the applicant.
Assessment and Credentialing Fee	\$850.00	This fee is due after all required documents have been received from the applicant, credential agency, and educational institution.

Amount due with this Application **\$100.00**

If you are paying by certified cheque, money order or bank draft, attach your \$100.00 Application Fee payment payable to the College of Massage Therapists of Ontario.

If you are paying by credit card, fill out the following section for the \$100.00 Application Fee. For your security and confidentiality, credit card information will be securely destroyed after processing.

Visa MasterCard
Amount Authorized Credit Card Number Date of Expiry (mm/yy)

Name of Cardholder Cardholder Signature

Acknowledgement of MTECA Process		
1.	I understand that the College will not begin the MTECA assessment process until all required documentation has been received. If my application is incomplete or if additional information and/or verification is required, this may cause delays.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	I will not take any action with respect to securing employment, training, relocating or moving, or any other life changes in anticipation of obtaining a favourable result or obtaining a result within a specific time period.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	If I wish to have a third-party act and correspond with the College on my behalf, I understand that I must provide written authorization. If I do so, I understand that the College will communicate with either me or the third party, but not both.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	I understand that original documents submitted by me will not be returned to me unless I include a written request with my application.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	I understand that evaluation standards change and are updated continuously and that the College's assessment decisions are based on the most recent information available at the time.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	I understand that if I am deemed eligible to challenge the CMTO's Certification Examinations, I must successfully complete the Standards and Regulations eWorkshop and the Certification Examination process within three years from the date my assessment decision is made and if it has been more than three years, I must satisfy all requirements in place at the time.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant Consent		
1.	I acknowledge that this assessment is not binding on any institution or organization, and I release CMTO from any liability for damages incurred due to the use of the assessment report.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	I agree to reimburse the College for any and all costs, including legal expenses, which it may incur as a result of any claim made by me or anyone having an interest in my earnings or services based on the assessment decisions and results.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	I acknowledge that if the College determines that any submitted documents are fraudulent, forged, altered or irregular, the assessment will be terminated immediately and any fees paid will not be refunded.	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	I acknowledge that the College is not liable for the loss of or the damage to documents submitted as part of an application for an assessment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	I acknowledge that all fees paid are non-refundable except in the case of overpayment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	I consent for the College to contact any relevant institutions for verification purposes and to request any additional information as needed in order to conduct an assessment.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	I acknowledge that any information and documents pertaining to my application may be shared with any education and credentials evaluation services.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Accuracy and Privacy of Information		
1.	I certify that all statements I have made in all parts of this form are true and complete (Please note that submitting an application that you know provides false or misleading information is professional misconduct and may result in refusal to register or disciplinary action by the College).	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	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 Privacy Policy.	Yes <input type="checkbox"/> No <input type="checkbox"/>

I have read and fully understand the information and terms above:

Signature: _____

Date: _____