



Request for Change of Name on Public Register

If you have legally changed your name and you would like to change your practice name registered with CMTO, please complete this form and submit it with supporting documentation by mail to:

College of Massage Therapists of Ontario

Attn: Registration Services

1867 Yonge Street, Suite 810

Toronto, ON M4S 1Y5

To request a name change, please submit the following with this form:

- Photocopy of proof of name change (e.g., marriage certificate, change of name certificate, government issued ID or court document)
- Your original wall certificate which will be replaced
- \$25 fee for replacement wall certificate which will display your new name
- Optional: If you would like to update your photo on file, please include a black & white or colour headshot of any size. Please print your name on the back of your photograph. This photograph will be used by the College for confirmation of identification. The photograph should present a professional image. You may smile, wear jewelry or glasses, and have your hair in any style of your choice.

Please make sure that the name appearing on your wall certificate matches the name you use professionally. This includes the name appearing on business cards, all receipts you issue, your communications, contact information and any published materials, electronic and printed, pertaining to your Massage Therapy practice.

Personal Information

CMTO registration number: _____

Current name on the public register:

First Name

Last Name

Middle Name (optional)

Change name on the public register to the following:

First Name (include commonly used name in brackets, if applicable)

Last Name

Middle Name (optional)

Salutation (e.g., Mr. Ms. Mrs. Miss)

Gender to which you identify:

M

F

Other

Fees

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, please attach your payment to this form. Personal cheques are not accepted.

Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	\$25.00		
		Amount Authorized	Credit Card Number	Expiry Date
Name of Cardholder			Cardholder Signature	

Your new wall certificate will be mailed to the preferred mailing address on file with CMTO.