



## Request for Letter of Standing Information Form or Confirmation of Registration Letter

This request form is for current or former registrants of the College of Massage Therapists of Ontario (CMTO) who wish to obtain information about their registration in a Letter of Standing Information Form or a Confirmation of Registration Letter.

The **Letter of Standing Information Form** is for registrants who are registering with another Massage Therapy regulator in Canada through the *Canadian Free Trade Agreement (CFTA)*, or with another professional regulatory body. The Letter of Standing Information Form contains detailed information about their registration history with CMTO, including information that is not publicly available on CMTO's online public register.

The **Confirmation of Registration Letter** is for registrants who require a formal letter confirming their current registration with CMTO for the purposes of employment, registration in unregulated jurisdiction, volunteering, for an educational institution, etc. The Confirmation of Registration Letter contains only the information that is publicly available on CMTO's online public register.

### Personal Information

First Name Last Name Registration Number

### Home Contact Information

Street Address City/Town Province Postal Code

Home Phone # Cell Phone # E-mail Address

Select **ONE** of the following options:

#### Option 1: Letter of Standing Information Form

I require a **Letter of Standing Information Form**

This option is for registrants who are registering with another Massage Therapy regulator in Canada through the *Canadian Free Trade Agreement (CFTA)*, or with another professional regulatory body. Please note that the Letter of Standing Information Form will be mailed directly to the regulatory body and will not be sent by fax or email.

Please mail my Letter of Standing Information Form to (select one of the following):

College of Massage Therapists of British Columbia (CMTBC)

College of Massage Therapists of Newfoundland & Labrador (CMTNL)

- College of Massage Therapists of New Brunswick (CMTNB)
- College of Massage Therapists of Prince Edward Island (CMTPEI)
- Other (i.e. College of Physiotherapists of Ontario) - Provide contact information below:

Organization/ Individual's Name		Email Address
Street Address		City / Town
Province / State	Postal Code / Zip Code	Country

I authorize the CMTO to provide the following information related to my registration to the regulator noted above:

Information currently available on the CMTO Public Register, including (where applicable):

- Massage Therapy institution and year of graduation
- Date of initial registration
- Authorization to perform acupuncture
- Any change(s) in status of my Certificate of Registration and the effective date(s) of the change(s)
- The effective date(s) and reasons for revocation, suspension, or reinstatement of my Certificate of Registration
- Any finding of professional misconduct, incompetence, or incapacity
- Any terms, conditions or limitations imposed on my Certificate of Registration
- Any finding of the Inquiries, Complaints and Reports Committee after March 1, 2016, that include a written caution, oral caution or Specified Continuing Education or Remediation Program
- A summary of any currently existing conditions or restrictions, including effective date(s), relating to my custody or release imposed by a court or other lawful authority on or after March 1, 2016, excluding any information that would contravene a court-imposed publication ban known to the College
- Any information related to an interim order on my Certificate of Registration
- Any information related to my resignation that occurred while under investigation by the College
- Any information regarding any criminal finding, or a finding under the *Health Insurance Act* or the *Controlled Drugs and Substances Act* made on or after March 1, 2016

In addition to the above information:

- Any finding from a complaint review, registration review or discipline hearing for which the requirements of the finding are unfulfilled (e.g. fine or finding of cost unpaid, coursework not completed etc.)
- Any current investigation into my practice or conduct related to complaints, discipline (professional misconduct), fitness to practice or registration
- Information regarding any unpaid fees
- Information regarding any unfulfilled Quality Assurance requirements
- Any other information that in the Registrar's opinion is relevant to my suitability to practise.

Registrant's Signature

Date

## Option 2: Confirmation of Registration Letter

I require a **Confirmation of Registration Letter**

This option is for registrants who require a formal letter confirming their current registration with CMTO for the purposes of employment, registration in an unregulated jurisdiction, volunteering, for an educational institution, etc. The information provided in the Confirmation of Registration Letter will reflect a registrant's current standing as indicated on the searchable public register. This letter will include educational details only if requested below.

Include information about my Massage Therapy education including the school I attended and the date of my graduation (optional)

Please mail my Confirmation of Registration Letter to:

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Organization/ Individual's Name

Email Address

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Street Address

City / Town

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Province / State

Postal Code / Zip Code

Country

**I authorize CMTO to provide information related to my registration with the College, all of which is publicly available on the CMTO online public register, to the organization or individual noted above.**

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**Registrant's Signature**

**Date**

## FEES

The fee for a Letter of Standing Information Form or a Confirmation of Registration Letter is **\$25.00**. 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 and submit your request by mail. Personal cheques are not accepted.

Visa  MasterCard

**\$25.00**

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Amount Authorized

Credit Card Number

Date of Expiry

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Name of Cardholder

Signature

**Please submit your completed form by mail, fax or e-mail:**

**By Mail**

College of Massage Therapists of Ontario  
Attn: Registration Services  
1867 Yonge Street, Suite 810  
Toronto, ON M4S 1Y5

**By Fax**

416-489-2625

**By E-mail**

[registrationservices@cmtto.com](mailto:registrationservices@cmtto.com)