



College of
Massage
Therapists of
Ontario

College of Massage Therapists of Ontario

1867 Yonge Street, Suite 810, Toronto, ON M4S 1Y5 | www.cmto.com | cmto@cmto.com
Phone 416.489.2626 | Toll-free (Ontario) 800.465.1933

Letter of Standing Form for Registration with CMTO

This form is intended for applicants seeking registration with the College of Massage Therapists of Ontario (CMTO) and are registered with another Massage Therapy regulator or other professional regulatory body. The completed form must be submitted to CMTO directly by the regulatory body.

Applicant Information

First Name _____ Last Name _____ Registration Number _____

Contact Information

Street Address _____ City/Town _____ Province _____ Postal Code _____

Home Phone # _____ Cell Phone # _____ E-mail Address _____

Registration Information – To be Completed by Regulatory Body (use N/A for Not Applicable)

Regulatory Body: _____

Type of Certificate of Registration: _____ Current Status: _____

Original Registration Date: _____ Expiry Date: _____

Massage Therapy Education Program and Year of Graduation: _____

Authorization to practise using acupuncture (if applicable): _____

Any change(s) in status of the certificate of registration and the effective date(s) of the change(s): _____

The effective date(s) and reasons for revocation, suspension, or reinstatement of the certificate of registration: _____

Terms, conditions, or limitations on the certificate of registration:

Professional Conduct Record – To be Completed by Regulatory Body (use N/A for Not Applicable)

Any current investigation related to complaints, discipline (professional misconduct), fitness to practice or registration:

Any finding of professional misconduct, incompetence or incapacity:

Any finding from a complaint review, registration review or discipline hearing for which the penalty is unfulfilled (e.g. suspension still in effect, fine or finding of cost unpaid, course work not completed etc.):

Information about any finding of professional negligence or malpractice, unless the finding is reversed on appeal:

Any charges for an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) if the charge is outstanding:

Any finding of guilt under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada):

A summary of any currently existing conditions or restrictions, including effective date(s), relating to the applicant's custody or release imposed by a court or other lawful authority, excluding any information that would contravene a court-imposed publication ban known to the regulator:

Any outstanding Quality Assurance requirements:

Any Unpaid fees:

Any other relevant information related to the applicant's ability to practice Massage Therapy safely in the province of Ontario:

Attestation and Signature from Regulatory Body

I affirm that the above information is accurate as of the date listed below.

Full Name of Registrar or designate: _____

Position of designate (if not Registrar): _____

Email address of Registrar or designate: _____

Phone number of Registrar or designate: _____

Signature of Registrar or designate: _____ Date: _____

Please submit this form by mail to:

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