



College of
Massage
Therapists of
Ontario

College of Massage Therapists of Ontario

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Massage Therapy Education and Credentials Assessment (MTECA) Application Form

Please refer to the *Guide to the Massage Therapy Education and Credential Assessment (MTECA)* when completing this form.

Personal Information

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

Last Name

Salutation (Mr. Ms. Mx)

Date of Birth (mm/dd/yy)

Gender to which you identify: M F X

Home Contact Information

Street Address

City/Town

Province/Country

Postal Code

Phone #

E-mail Address

Education Information

Name of Educational Institution

Educational Institution Mailing Address

Name of Program Completed

Year Completed

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
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Upon receipt of an MTECA application, the College of Massage Therapists of Ontario (CMTO) will contact the applicant to arrange for payment of the \$100.00 Application Fee. The remaining Assessment Fee of \$850.00 is due after all required documents have been received from the applicant, educational institution, and credentialing agency (for those educated outside Canada). CMTO will contact the applicant once all documents have been received and will request the Assessment Fee at that time.

Acknowledgement of MTECA Process

1.	I understand that the MTECA assessment process will not begin until all required documentation has been received by CMTO. 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 CMTO on my behalf, I understand that I must provide written authorization.	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 may change or be updated and that the 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 Certification Examinations and CMTO's online Jurisprudence Program 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 CMTO 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 CMTO 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 CMTO 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 CMTO 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"/>

Accuracy and Privacy of Information		
1.	I certify that all statements I have made in all parts of this form are true and complete <i>(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).</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	I acknowledge that the personal information provided on this form is used by CMTO to administer the <i>Regulated Health Professions Act, 1991, the Massage Therapy Act, 1991</i> , the Regulations, the By-laws, the policies, 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 of Applicant: _____

Date: _____