



College of
Massage
Therapists of
Ontario

College of Massage Therapists of Ontario

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Document Request Form for the Massage Therapy Education and Credentials Assessment (MTECA)

Section A - To be completed by the applicant:

Please complete this section to give your educational institution authorization to provide the required information to the College of Massage Therapists of Ontario. Send this form to the educational institution(s) through which you completed your Massage Therapy education. A separate form is required for each educational institution you attended.

I, _____ hereby authorize _____
Full Legal Name
Name of Educational Institution

to provide the requested information concerning my Massage Therapy education to the College of Massage Therapists of Ontario in order to conduct an assessment of my education and credentials.

Date of Birth (mm/dd/yy)

Signature

Date

Information for the Educational Institution

The candidate named above has applied to the College of Massage Therapists of Ontario (CMTO) for the Massage Therapy Education and Credentials Assessment (MTECA). This assessment is required for individuals who completed a Massage Therapy education program that is not recognized by CMTO for the purposes of registration as a Massage Therapist in Ontario. An individual must be registered with CMTO to use the Registered Massage Therapist or Massage Therapist designations, or to hold themselves out as authorized to practise Massage Therapy in Ontario, Canada.

The MTECA assessment is conducted to determine if a candidate meets the education requirement for registration and is eligible to take CMTO's Certification Examinations. Access to the examinations is granted only to candidates who demonstrate that they have completed education that is equivalent to that currently taught in Massage Therapy programs recognized by CMTO.

The applicant noted above is requesting that you provide CMTO with information about the Massage Therapy program they completed at your institution. **All the requested information and documents must be sent from the educational institution directly to the CMTO office, and not to the former student.**

If you have any questions about the information you have been asked to provide, please contact CMTO's Registration Services Department by email at registrationservices@cmtto.com.

Please submit all the pages of this form as well as the following documents:

1. A program catalogue that pertains to the time the applicant took the program, if available;
2. An official transcript or academic record, including any clinical component, that includes grades or marks earned in each course;
3. Documentation of any supervised clinical practice hours with detailed descriptions of areas practised;
4. A full program syllabus from the time of the applicant's study with detailed course descriptions that document content and competencies, objectives and learning outcomes;
5. A grade scale or explanation of the grading system relevant to the applicant's time of study;
6. The weighing factors of each course (breakdown of worth for each course in the entire program);
7. An official statement confirming the Massage Therapy program is established as post-secondary, and is a separate school, faculty division or department recognized by the appropriate government agency in the jurisdiction.

Section B - To be completed by the educational institution:

Former Student's Name

Former Student's Date of Birth

Name of Educational Institution

Mailing Address of Educational Institution

Telephone Number

Fax Number

Website

Is your Massage Therapy program approved/accredited? Yes No

If yes, who approves/accredits your program? _____

Minimum academic entrance requirement: _____

Any other entrance requirements (e.g., criminal record check, language requirements, etc.):

Name of degree, diploma or certificate awarded: _____

Student start date (month/year): _____ Student finish date (month/year): _____

Length of the program: Hours _____ Semesters _____ Years _____

Language of instruction:

Was Professional Conduct and Ethics included in the curriculum? Yes No

If yes, write the name(s) and/ or the number(s) of the related course(s) as they are listed on the student's transcript and the content areas covered in the course(s):

How does your program define Professional Conduct and Ethics?

Please provide a breakdown of program hours at the time the applicant completed the program:

Subject	Theory Hours	Practice Hours
Health Sciences		
Anatomy		
Physiology		
Pathology		
Kinesiology		
Public Health		
Massage Therapy		
Clinical Assessment		
Massage Theory and Techniques		
Massage Treatments		
Nutrition		
Professional Environment		
Remedial Exercise		
Hydrotherapy		
Business, Ethics, and Professional Regulation		
Communications		
First Aid and CPR		
Other		
Please Specify:		
Total Hours		

This document was completed by:

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Name	Title/Position
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Phone Number	Email Address
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Signature	Date

