



Massage Therapy Education and Credential Assessment (MTECA) Professional Development Activity Report

Please use this form to report the details of any professional development activities (continuing education programs and courses) completed after you completed your Massage Therapy program.

To be completed by the applicant:

I, _____
Full Legal Name (please print)

certify that I successfully completed all the professional development activities listed in this report and that all the information provided in all parts of this report is complete and accurate. I understand that providing false or misleading information may result in refusal to register or disciplinary action by the College of Massage Therapists of Ontario.

Signature

Date

The activities reported on this document must have been completed through a provider of continuing education recognized in the jurisdiction where the education took place. Please list each activity or course on the following page and complete each field as indicated.

Supporting documentation (original or notarized copies) verifying attendance, the name of the activity or course, a description of the course, the name of the lecturer(s), and the number of course hours must be received. If you have documents in a language other than English or French, you are responsible for having them translated by a certified translator who must send the translations directly to the CMTO along with the original documents in the original language.

It is important that your evidence be substantive. Types of acceptable evidence to corroborate your professional development activities include but are not limited to:

- College or University certificates and diplomas.
- Letters of validation (reference letters from employers are not acceptable).
- Published articles, handbooks, papers, etc. written by you or for which you were a collaborator.
- Other valid, identifiable and recognized original or notarized copies of documentation to demonstrate your successful completion of the professional development activity or course.

Course/Activity Title	Date and Location	Number of Hours	Course Provider	Speaker/Lecturer Name and Credentials	Course Description	Examples of Integration and Application of New Learnings in Massage Therapy Practice