

**COLLEGE OF MASSAGE THERAPISTS
of Newfoundland & Labrador**

PO Box 23204, Churchill Square, St. John's, NL A1B 4J9
Phone: (709/888) 739-7181 Fax: (709)739-7182

REGISTRATION RENEWAL APPLICATION 2009-2010

Renewal deadline date: March 31, 2009

Please print clearly and complete **both sides** of this form

I am renewing: **Active registration** **Inactive registration**

Has any of your contact information changed from 2008-2009?

- Yes
 No

CMTNL Registration Number: NL# _____

Name: _____ **Business Name:** _____

Home Address: _____ Address: _____

City: _____ Province: _____ City: _____ Province: _____

Postal Code: _____ Phone No. _____ Postal Code: _____ Phone No. _____

Are you willing to receive College information by email?

- Yes
 No

Fax: _____

If yes, Email address:

Second business location:

_____ Address: _____

Address: _____ City: _____ Province: _____

City: _____ Province: _____ Postal Code: _____ Phone No. _____

Postal Code: _____ Phone No. _____ Fax: _____

Fax: _____

Third business location:

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone No. _____

Fax: _____

Active registrants maintain an active practice in Newfoundland and Labrador.

Inactive registrants are NOT permitted to practice in Newfoundland and Labrador.

Conditions of licence:

It is a condition of licence that you inform the College of any conviction of a criminal offence.

- a) Have you been found guilty of a criminal offence related to the regulation of the practice of massage therapy?
Yes ___ No ___
- b) Have you been found guilty of a professional misconduct, or incompetency in any jurisdiction in relation to the practice of massage therapy or any other health care profession?
Yes ___ No ___
- c) Are you subject to any current proceedings for professional misconduct, incompetency or incapacity?
Yes ___ No ___
- d) Have you been convicted or charged with, and not yet been found guilty or acquitted, of an offence that affects your fitness to engage in the practice of massage therapy?
Yes ___ No ___

If you answered Yes to any of these questions, please provide details on a separate sheet.

Mandatory Declarations (Active Registration only)

(See Instruction Sheet for details)

- a) Have performed 500 hours client care, or finished your massage therapy program within previous 3 years or completed a refresher course within the last fifteen months.
- b) Current liability insurance for at least \$3,000,000 per occurrence.
- c) Be a member in good standing of the NLMTA.
- d) Have Canadian citizenship, landed immigrant status, or a valid employment authorization from Immigration Canada.

I verify that the information given on this application is true.

I agree to abide by the Massage Therapy Act, 2005; the Massage Therapy Board Regulations, 2005; Code of Ethics and Standards of Practice; and the policies of the College of Massage Therapists of Newfoundland and Labrador (CMTNL).

Signature

Date

Fees must accompany this form. Money orders, certified cheques and VISA are accepted.

\$350 Active registration fee

\$100 Inactive registration fee

VISA information:

Name on card: _____

VISA #: _____ Expiry date: _____

The CMTNL registration year runs from April 1, 2009 – to March 31, 2010. Payment for renewal of registration must be post-marked by March 31, 2009 – otherwise a late fee of \$50 will be charged.