



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

[info@cmtnl.ca](mailto:info@cmtnl.ca)  
[www.cmtnl.ca](http://www.cmtnl.ca)

## 2009 REGISTRATION EXAMINATION APPLICATION

Which Examinations (s) are you applying for?

- OSCE
- MCQ
- OSCE re-write
- MCQ re-write

Name _____	Permanent Mailing Address: _____
Mailing Address _____	_____
City _____	City _____
Postal Code _____	Postal Code _____
Province _____	Province _____
Phone _____	Phone _____
Email _____	Fax _____

### Education

#### Post Secondary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Massage Therapy School Attended:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Are you a graduate of a massage therapy program approved by the College?

Yes \_\_\_ No \_\_\_

If no, please specify: \_\_\_\_\_

Are you now or have you in the past been associated with any other governing body that regulates massage therapy?

Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_

Massage Therapy Experience \_\_\_\_\_

Additional pre/post graduate skills/training \_\_\_\_\_

Was your training in the English language?

Yes \_\_\_ No \_\_\_

Are you fluent in both written and spoken English?

Yes \_\_\_ No \_\_\_

*If your answer was "No" to either of the above questions, please provide documentation of a score of 220 on TSE or 550 on TOEFL.*

In the event that a candidate has a learning disability, health problem or visual or hearing impairment, special arrangements can be made. This also applies to applicants whose first language is not English and who may want to bring a language dictionary with them to the examination. Please include relevant documentation by a professional. Do you have special needs in this area? Yes\_\_\_ No\_\_\_

If yes, please specify:\_\_\_\_\_

**Please answer the following:**

- (1) Have you been found guilty of a criminal offense related to the regulation of the practice of massage therapy? YES\_\_\_ NO\_\_\_
- (2) Have you been found guilty of professional misconduct, incompetency or incapacity in any jurisdiction in relation to the praxes of massage therapy or any other health care profession? YES\_\_\_ NO\_\_\_
- (3) Are you the subject of any current proceedings for professional misconduct, incompetency or incapacity? YES\_\_\_ NO\_\_\_
- (4) 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 have answered YES to any of the above question, please provide details on a separate page**

**Please note that failure to answer any of the above questions or failure to sign the statement below constitutes grounds for rejecting this application for the College of Massage Therapists of Newfoundland and Labrador registration examination. Furthermore, inaccuracies in this application discovered at a later date will be grounds for the immediate revocation of any registration with the CMTNL issued based on this application.**

I agree to abide by the *Massage Therapy Act, 2005* and the Regulations and Policies of the College of Massage Therapists of Newfoundland & Labrador (CMTNL).

I verify that all statements contained in this application are accurate and I give my permission to the CMTNL to contact any school, association or college with which I have been involved to verify any information given.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**TO AVOID DELAYS IN PROCESSING, PLEASE ENSURE ALL PROPER DOCUMENTATION AND FEES ARE ENCLOSED WITH THIS APPLICATION**

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

**\$625 OSCE fee                      \$225 MCQ fee**

VISA information:  
Name on card: \_\_\_\_\_

VISA #: \_\_\_\_\_ Expiry date: \_\_\_\_\_