

**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 2012-2013

Renewal deadline date: March 31, 2012

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

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

Has any of your contact information changed from last year?

- Yes
 No

CMTNL Registration Number: NL# _____

Contact information:

Name: _____

Home Address: _____

City: _____ Province: _____

Postal Code: _____ Phone No. _____

Are you willing to receive College information by email?

- Yes
 No

If yes, Email address:

Primary Business Info:

Bus. Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone No. _____

Fax: _____

e-mail: _____

Second business Info: (if applicable)

Bus Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone No. _____

Fax: _____

Third business Info: (if applicable)

Bus Name: _____

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.

(All applicants)

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.

(We do not accept MasterCard at this time.)

\$350 Active registration fee

\$100 Inactive registration fee

VISA information:

Name on card: _____

VISA #: _____ Expiry date: _____

There is a \$35 processing fee for NSF cheques or Credit card payments that are unable to be processed.

The CMTNL registration year runs from April 1, 2012 – to March 31, 2013. Payment for renewal of registration must be post-marked by March 31, 2012 – otherwise a late fee of \$50 will be charged.