

**College of Massage Therapists of Newfoundland and Labrador**

**INSTRUCTIONS FOR REGISTRATION**

**FEES: Must accompany this form. Money order, VISA or certified cheque are accepted.**

**Please read the form carefully and complete every section.**

**Name and address(es)**

- Please note that you are required to inform the College in writing within 30 days of any change in your name or address (both home and business).
- Your primary business address is the place where you do the majority of your massage therapy work. This address will be in the Public Register and thus available to the public. Your home address is never given out to the public unless it is also your business address.
- All mail will be sent to your home address.
- If you change your name, please write the new name in the space provided and send a photocopy of an official document (e.g. marriage certificate, divorce degree), which shows both your old name and your new name. When we receive your official document, we will change your name on the register and send a new certificate.
- Your professional liability insurance is obtained through the NLMTA. If your professional liability insurance lapses, you are required to notify the Board within 10 days.
- If your membership in the NLMTA lapses, this is considered a lapse in professional liability insurance.

**Education and professional affiliations**

Indicate massage therapy school, other post secondary education completed, and other professional affiliations.

**Type of practice and practice settings**

List all settings in which you practise. If your setting does not fit any category below, write it in next to Setting.

1. Clinic	4. Health club	7. Hotel	9. Out calls/on site
2. Factory	5. Home	8. Nursing home	10. Spa
3. Group clinic	6. Hospital		

**Type of practice:** If none of these categories apply, add your preference:

PREG: pregnancy/pre-natal/ post-natal	INFANT: Infant massage REL: Relaxation	MVA: MVA/insurance SI: Sports injury	PALL: Palliative care TC: Treatment clinical
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**Number of hours per week worked: (estimate this if you are unsure)**

**Modalities practised:**

Check that the modalities you will use in your practice show in the table below. If the modality you use is not in the table, please write it in on the application. Write the shortened forms for the modalities you will use on the application form.

ACUPRES - acupressure	ACUPUNC - Acupuncture	ALEX - Alexander technique	AROM - Aromatherapy
BIO-DYN	CHINESE - Traditional Chinese medicine/massage	CRAN - Craniosacral	DMT - Deep muscle therapy
DT - Deep tissue	ETW - Esalen tissue work	HT - Healing touch	IMT - Intergrative manual therapy
JM - Joint mobilization	JP - Joint play	KIN - Kinesiology	JM - Joint mobilization
LL - Lomi lomi	LDT -Lymph drainage therapy	LSP-Labour support provider	ME - Muscle energy
MET - Medical exercise therapy	MLD - Manual lymph drainage	MYO - Miofascial release	NISA - Neuromuscular integration & structural alignment
NMT - Neuromuscular therapy	ORTHO - Ortho bionomy	POL - Polarity	REFL - Reflexology
REIKI - Reiki	ROLF - Rolfing	SCS - Strain counter strain	SHIATSU - Shiatsu
SWEDISH - Swedish massage	THAI - Thai massage	TRAGER - Trager	TRIGGER - Trigger points
TT - Therapeutic touch	ULTRA - Ultra sound	VM - Visceral manipulation	ZERO - Zero balancing

**Conditions of License:**

To be eligible for an Active Certificate, you must:

- a) Have performed 500 hours of direct client care in the previous 3 years or finished your massage therapy program within the previous 3 years or completed a refresher course within the last fifteen months,
- b) Have current liability insurance for at least \$3,000,000 limit per claim,
- 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, and
- e) Abide by the Act, Regulations, Code of Ethics and Standards of Practice of the CMTNL.

**Your registration is not complete unless professional liability insurance and NLMTA membership are current. This applies to both Active and Inactive Registrants.**

**Sign and date the renewal form and return to the CMTNL with your accompanying fees.**

If using VISA, please provide full information. Name, as it appears on your card, VISA number and expiry date.