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

40 Commonwealth Ave, Suite 114 Mt. Pearl, NL A1N 1W6

Telephone: (709/888) 739-7181 fax:(709)739-7182

**INITIAL REGISTRATION APPLICATION 2017-18**

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

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E)** You have been offered employment.

Home Address:

Business Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of CMTNL examination completion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of CMTO/CMTBC/CMTNB examination completion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where applicable, *certificate of good standing* from CMTO or CMTBC dated not more than two months from the date of this application.

1. **Post-secondary education completed:**

Massage therapy graduation: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest level of other formal post-secondary education:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/diploma/certificate in (area): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of school/college/university

Year of graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Other health professions:**

* **Other jurisdictions:**

**D)** If English is not your native language, declaration of *reasonable fluency in English*, providing documents as required in English translation if necessary.

I declare that I am reasonably fluent in English and provide

documents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Documents attached: 

OR: English is my native language and documents are not required: 

**If you have been offered employment, provide the following information using the codes in the instructions.**

Settings:

Type of practice:

Modalities practised:

Number of hours per week you will practise massage therapy: \_\_\_\_\_\_\_\_\_

Other training:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**F)** Completed NLMTA application has been mailed to NLMTA: 

Your registration is **not** complete until professional liability insurance and NLMTA membership has been obtained.

Once the Board has been notified by the NLMTA of membership payment, the Board will contact you with your registration date.

Active registrants maintain an active practice in Newfoundland and Labrador. Inactive registrants are NOT permitted to practise in Newfoundland and Labrador.

**I am applying for:**  ***Active registration***

**Conditions of licence:**

Vulnerable Sector Check & Criminal Code of Conduct from the RCMP, or local police is required Certificate attached 

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

1. Have you been found guilty of a criminal offence related to the regulation of the practice of massage therapy?

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

1. 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 \_\_\_

1. Are you subject to any current proceedings for professional misconduct, incompetency or incapacity?

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

1. 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**

(See Instruction Sheet for details)

1. 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.
2. Valid CPR and First Aid Certificates.
3. Current liability insurance for at least $3,000,000 per occurrence.
4. Be a member in good standing of the NLMTA.
5. 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 Act Respecting the Practice of Massage Therapy, the Regulations, and Bylaws and Policies of the College of Massage Therapists of Newfoundland and Labrador (CMTNL).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please note that all registrants will be required to complete an open book review of jurisprudence of Newfoundland and Labrador. You will receive this with your certificate. It should be returned to the Board within 2 months of receipt.

I included the appropriate *Registration/Licence Fee* 

Please consult the fee schedule and send the appropriate amount. Enclose cheque or money order payable to the CMTNL. VISA/MC/ are accepted. Debit available in office.

**Credit Information:**

**Name on Card:**

**Number: Expiry: CSV:**

There is a $35 processing fees for NSF cheques or credit card payments that are unable to be processed.