

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

40 Commonwealth Avenue, Suite 114, Mt. Pearl NL A1N 1W6  
Phone: (709/888) 739-7181 Fax: (709)739-7182

**REGISTRATION RENEWAL APPLICATION 2019-20**

*Renewal deadline date: March 31, 2019*

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

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

<p><b>Has any of your contact information changed from last year?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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<p><b>CMTNL Registration Number: NL#</b> _____</p>
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<p><b>Contact information:</b></p> <p>Name: _____</p> <p>Home Address: _____</p> <p>City: _____ Province: _____</p> <p>Postal Code: _____ Phone No. _____</p> <p>Are you willing to receive College information by email?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, Email address: _____</p>	<p><b>Primary Business Info:</b></p> <p>Bus. Name: _____</p> <p>Address: _____</p> <p>City: _____ Province: _____</p> <p>Postal Code: _____ Phone No. _____</p> <p>Fax: _____</p> <p>e-mail: _____</p>
<p><b>Second business Info:</b> (if applicable)</p> <p>Bus Name: _____</p> <p>Address: _____</p> <p>City: _____ Province: _____</p> <p>Postal Code: _____ Phone No. _____</p> <p>Fax: _____</p>	<p><b>Third business Info:</b> (if applicable)</p> <p>Bus Name: _____</p> <p>Address: _____</p> <p>City: _____ Province: _____</p> <p>Postal Code: _____ Phone No. _____</p> <p>Fax: _____</p>

**Active registrants maintain an active practice in Newfoundland and Labrador.**

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

**\*\* You may only remain inactive for 2 consecutive years.**

**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.
- e) Have valid Emergency First Aid Certificate with CPR – please attach a copy of certificate

*(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, VISA, and Master Card are accepted. Debit may be used directly at office. Etransfers: send to [cmtnlfees@gmail.com](mailto:cmtnlfees@gmail.com) Password for etransfers: cmtnl**

**\$450 Active registration fee                      \$200 Inactive registration fee**

**VISA or MasterCard information:**

Name on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiry date: \_\_\_\_\_ CSV: \_\_\_\_\_

***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, 2019 – to March 31, 2020. Payment for renewal of registration must be post-marked by March 31, 2019– otherwise a late fee of \$50 will be charged for every month you are late.***