

## CMTNL Registration Exam Application 2019

40 Commonwealth Avenue, Suite 114 Mt. Pearl, NL A1N 1W6  
 Phone (709/888) 739-7181 Fax (709) 739-7182  
[registrar@cmtnl.ca](mailto:registrar@cmtnl.ca)  
[www.cmtnl.ca](http://www.cmtnl.ca)

<b>2019 CERTIFICATION EXAMINATION APPLICATION</b>			
Last Name:	First Name:	Middle initial:	
Mailing Address:			
City:	Province:	Postal Code:	
Home Phone:	Cell Phone:	Date of Birth: (mm/dd/yy)	
Email:	School Attended:	Date of Graduation:	
<b>Which Examination (s) are you applying for?</b>			
OSCE	Date:	OSCE Re-Write	Date:
MCQ	Date:	MCQ Re-Write	Date:
<b>Certification Examinations</b>			
The OSCE portion of the Certification Examination is offered on specific dates during the year. Please consult with the <i>Candidate Handbook</i> for specific dates. This application can be used for applying for both the OSCE and MCQ examinations. A new application must be submitted each time an applicant wishes to apply for another examination (special accommodations must be submitted 3 months prior to an examination date).			
<b>Examination Fess and Payment</b>			
OSCE \$700		MCQ \$500	
<b>Payment Options</b>			
Certified Cheque, VISA, Master Card, E-transfer or Money order (enter total amount) \$ _____ We do not accept personal cheques. Debit is accepted at the office only. E-transfer sent to <a href="mailto:cmtnlfees@gmail.com">cmtnlfees@gmail.com</a>			
Card #: _____ / _____ / _____ / _____ Expiry Date: (month/year) ____ / ____ CSV ____			
Amount: \$ _____ Name of Cardholder that appears on Card _____			
Signature of Card Holder: _____			
<b>ACKNOWLEDGEMENTS</b>			
I acknowledge that the personal information on the above form is used by the College to administer the <i>Massage Therapy Act 2005</i> , the Regulations, By-Laws, Policies, the standards of practice and for research and other projects related to the governance of massage therapists and is collected, used and disclosed in accordance with the College Privacy Code. I have completely read and understand the candidate information and procedures stated in the Candidate Handbook and signed below as proof of doing so.			
<b>Candidate Signature:</b> _____ <b>Date: (mm/dd/yy):</b> _____			

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**Please answer the following questions**

(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 certification 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\_\_\_\_\_