

TRANSFER REGISTRATION APPLICATION 2021-22

Please Print clearly and complete both sides of this form

A) Name: _____
Home Address: _____
City: _____ Province: _____ Address: _____
Postal Code: _____ Phone No. _____ City: _____ Province: _____
Email: _____ Postal Code: _____ Phone No. _____

E) You have been offered employment.

Business Name: _____

B) Date of CMTNL examination completion: _____ OR: English is my native language and documents are not required:
Date of CMTO/CMTBC examination completion: _____
Fax: _____ Email: _____

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

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

C) Post-secondary education completed:

Message 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:

Settings:

Type of practice:

Modalities practised:

Number of hours per week you will practise massage therapy: _____

Other training:

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:

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

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.

I am applying for:

Active registration

Conditions of licence:

Letter of Good Standing from Regulated Province is attached.

It is a condition of licence that you inform the Board 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

- 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) Valid CPR and First Aid Certificates.
- c) Current liability insurance for at least \$3,000,000 per occurrence.
- d) Be a member in good standing of the NLMTA.
- e) 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 3 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/Debit are accepted.

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.