



PO Box 50002, Paradise, RPO, Topsail NL A1L 0J2
Phone: (709/888) 739-7181 Fax: (709)739-7182

INITIAL REGISTRATION APPLICATION 2024-25

Please Print clearly and complete both sides of this form

A) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

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

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

D) You have been offered employment.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

B) Date of CMTNL examination completion: \_\_\_\_\_

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

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

E) 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: \_\_\_\_\_

C) Post-secondary education completed:

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

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

Highest level of other formal post-secondary education: \_\_\_\_\_

Documents attached:

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

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

Institution: \_\_\_\_\_
Name of school/college/university

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

F) Completed NLMTA application has been mailed to NLMTA:

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

- Other health professions:

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

- Other jurisdictions:

**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.*

- 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.
- f) Have completed and attached the mandatory jurisprudence exam.

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

I included the appropriate *Registration/Licence Fee*

Please consult the fee schedule and send the appropriate amount. E-transfers accepted at [cmtnlfees@gmail.com](mailto:cmtnlfees@gmail.com)