



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

TRANSFER REGISTRATION APPLICATION 2024-25

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Please Print clearly and complete both sides of this form

Name: _____

D) 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: _____

A) 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.

B) Post-secondary education completed:

Massage therapy graduation: Date: _____

I declare that I am reasonably fluent in English and provide documents: _____

Institution: _____

Documents attached:

Highest level of other formal post-secondary education: _____

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:

- **Other health professions:**

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

- **Other jurisdictions:**

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

Inactive registrants are NOT permitted to practise in Newfoundland and Labrador.

I am applying for:

Active registration

Conditions of licence:

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.

Attach the following Documents

- 1. A letter of good standing from the previous Regulated Province
- 2. A current first aid certificate
- 3. A Vulnerable Sector Check & Criminal Code of Conduct from the RCMP, or local police department
- 4. The completed **CMTNL Self Study Jurisprudence Exam**

Mandatory Declarations

- 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. Current liability insurance for at least \$3,000,000 per occurrence.
- 3. Be a member in good standing of the NLMTA

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. Enclose cheque or money order payable to the CMTNL. Etransfers can be sent to cmtnlfees@gmail.com.