

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

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

INITIAL REGISTRATION APPLICATION 2025-26

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. _____

D) You have been offered employment.

Business Name: _____

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: _____

Degree/diploma/certificate in (area): _____

Institution: _____
Name of school/college/university

Year of graduation: _____

Documents attached:

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

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.

- **Other health professions:**

- **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.

Documentation Required to be Attached

1. Valid CPR and First Aid Certificates.
2. Proof of Canadian citizenship, landed immigrant status, or a valid employment authorization from Immigration Canada.
3. **Criminal Code of Conduct**
4. **Vulnerable Sector Check**
5. **Jurisprudence Self Study Exam**
6. **Be a member of the NLMTA whom provides the liability insurance for all RMT's in Newfoundland and Labrador**

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