

## APPLICATION FOR REINSTATEMENT OF REGISTRATION (CMTBC Bylaws, section 54)

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### Personal Information:

RMT#  Mx  Mr  Mrs   
 Ms  Dr

Last Name First Name

Middle Name Common Name

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### Home Address:

Street No and Name

City Province Country Postal Code

Telephone Email Address

*Your email address is your unique identifier and will become your Login ID. Your email address must be private and accessible only by you.*

### Gender:

The CMTBC requires your gender information to comply with the requirement of the Criminal Records Review Act. It is not mandatory to have your gender displayed on the Public Register if you do not wish to do so.

Do you consent to your gender being shown on the Public Register?

Male  Female   
Yes  No

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## Personal References:

The Bylaws require a former registrant to provide 3 letters of personal reference attesting that the former registrant is a person of good character and otherwise fit to practice massage therapy.

Provide the names and email addresses of 3 referees.

NAME OF REFEREE	RELATIONSHIP TO FORMER REGISTRANT	EMAIL ADDRESS
1.		
2.		
3.		

The College will contact each of your referees. Each referee must return the completed reference directly to the College by mail or scanned email attachment.

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## Practice in Another Jurisdiction

Did you practice massage therapy outside of BC after your CMTBC registration was cancelled?

Yes

No

If yes, provide details here:

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## Current Place of Practice (if applicable):

Section 62 of the Bylaws requires you to provide your current place of practice information:

Name of Clinic

Address

Email Address

Telephone

Start Date

Primary? Yes  No

If you are not currently in practice, check this box:

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## Professional liability insurance:

Bylaw 61 requires a practising registrant to obtain and maintain professional liability insurance coverage in an amount of at least \$2,000,000 per claim or per occurrence.

Name of Insurer

Coverage Start Date

Coverage End Date

Attach a copy of your current insurance to your application.

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## Standard First Aid and CPR-C

Bylaw 63 requires a practising registrant to be certified in Standard First Aid and CPR-C from the Canadian Red Cross, Canadian Ski Patrol, Heart and Stroke Foundation, Lifesaving Society or St. John Ambulance.

Certifying Organization

Issue date (yyyy/mm/dd)

Valid to date (yyyy/mm/dd)

Attach a copy of your current certification to your application.

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## Criminal Record Check

The Criminal Records Review Act requires every registered massage therapist to undergo a criminal record check (CRC) on entry to the profession and at least once every five years thereafter. The College facilitates this requirement by collecting a form that provides your consent to all required CRCs, both current and future.

The Consent to Criminal Record Check form (attached) must be completed in full, signed and submitted with your application for reinstatement.

## Declaration

I solemnly declare that:

- |  |                                |                                   |
|--|--------------------------------|-----------------------------------|
| 1. I agree to immediately notify CMTBC of any change to my place of practice that may occur throughout the year.   | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| 2. I have been charged with or convicted of a criminal offence under the Criminal Code or the Controlled Drugs and Substances Act.   | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| 3. I have been found guilty of professional misconduct, or had a finding of incompetence or incapacity, or other finding that relates to my practice of a profession.  | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| 4. I have entered into an agreement with, or given an undertaking to, a regulatory authority.  | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| 5. I have been refused registration or licensure by a regulatory body.   | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| 6. I am currently the subject of a proceeding for professional misconduct, incompetence or incapacity in relation to any regulated profession.   | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| 7. I have voluntarily relinquished my entitlement to practice a regulated profession in any jurisdiction, with the effect of preventing the commencement or completion of an investigation that could have resulted in my entitlement being suspended or cancelled in that jurisdiction. | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| 8. There is no other event, circumstance, condition or matter not disclosed above in respect of my character, conduct, competence or capacity that might be relevant to my ability to practice massage therapy in BC.  | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |
| 9. The information provided in this application is true, accurate and complete to the best of my knowledge.  | Agree <input type="checkbox"/> | Disagree <input type="checkbox"/> |

If your answers to any of the declaration questions raise concerns about your suitability to be a registered massage practitioner in BC, you must disclose full details which will allow the College to assess your suitability. This information should be attached to this application for reinstatement.

## Payment

Fees due:	
Application Fee	\$ 50.00
Reinstatement Fee	\$725.00
<b>Total</b>	<b>\$775.00</b>
Cardholder Name:	
Credit Card Number:	
Expiration date:	Security code:

Signature

Date