

APPLICATION FOR RETURN TO PRACTISING REGISTRATION

Personal Information:

Surname	First Name	Second Name		
Street No and Name		City/Town/Village		
Province/State	Postal/Zip Code	Country	Area Code	Telephone
Email address		Registration Number		

Please complete the following:

1. Have you practiced massage therapy in another jurisdiction while non-practising in British Columbia? Yes No
 2. If yes, have you been the subject of any complaints, investigations or discipline in that jurisdiction? Yes No
 3. Have you been non-practising in the province of British Columbia for two consecutive years or more, prior to this application? Yes No
 4. If you answered yes to question 3, you must contact the College and apply to the Registration Committee to write the Registration Examination or demonstrate substantial equivalence to entry-level requirements, as established in the College Bylaws. Contact info@cmtbc.ca.
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Certification:

I hereby apply for practising registration with the College of Massage Therapists of British Columbia and in doing so agree that I have not practiced massage therapy in British Columbia while registered as non-practising, and I am not in contravention of the *Health Professions Act*, the *Massage Therapists Regulation* or *College Bylaws*.

Signature

Date