

## 2019 Special Registration Application Form

The CMTPEI Council reviews all Special Registration Applications and approves Special Registrations for a limited time period or for a special purpose only. Special Registrants are not eligible for reinstatement or annual renewal but may make an application for another Special Registration.

### A. Personal Information

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First Name	Last Name	Middle Initial
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### B. Home Contact Information

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Street Address	City/Town	Province	Postal Code
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Home Phone #	Cell Phone#	Email Address
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### C. Business Contact Information (if applicable)

If you have not provided the College with a business address, your home address will be deemed to be your practice location and listed on the Public Registry. If you have additional practice locations, please provide all the following information on a separate sheet of paper.

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Effective Date of Employment (m/d/y)	Business Name
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Street Address	City/Town	Province	Postal Code
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Business Phone #	Business Email Address	Business Website
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G. Offences and Investigations			
1.	Have you ever been found guilty of an offence under a federal, provincial or municipal law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Has there ever been a finding of professional negligence or malpractice against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you ever been charged with, found guilty of, or convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Has there ever been a finding of professional misconduct, incompetence or incapacity, or any like finding against you, in any regulated profession including Massage Therapy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any like finding, in any jurisdiction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered **Yes** to any of the questions in **Section G**, please provide details of the circumstances and any supporting documentation with this application form. Where applicable, you may be asked to provide a copy of charging documents and court transcripts related to the matter(s). This information will be assessed by the Registrar to determine if you should be reviewed by the College Council. You will be contacted by the Registrar if a referral to the Council is required.

**I – Purpose of Application for Special Registration**

Check purpose for Special Registration Request:

- summer visitor wishing to practice massage therapy during stay in PEI (maximum time period 60 consecutive days)
- offering massage therapy related training for more than two days (maximum time period 60 consecutive day)
- other, please describe:

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Identify time period to be covered (maximum time period 60 consecutive days):

Start date (m/d/y): \_\_\_\_\_

End date (m/d/y): \_\_\_\_\_

## J – Jurisprudence

1.	I certify that I have read and understood the: <ul style="list-style-type: none"> <li>• Regulated Health Professions Act R.S.P.E.I. 1988, Cap. R-10.1</li> <li>• Massage Therapists Regulations</li> <li>• CMTPEI Code of Ethics</li> <li>• CMTPEI Standards of Practice.</li> </ul>	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
2.	I understand that following successful application, I must also successfully complete CMTPEI’s Provincial Examination for Jurisprudence – this examination is an entry-to-practice requirement for registration as a massage therapist and is designed to assess an applicant’s knowledge and understanding of the rules that impact massage therapy in the province. There is a fee for this Examination.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## K – Personal Declaration

I authorize the Registrar to investigate and obtain, from any person or persons, such information as may be required in relation to this application. I certify that the statements made by me in the application are true and complete. I am aware that misrepresentation or falsification may result in rejection of my application of registration. I will immediately report to the Registrar anything that would alter my responses to any of the questions contained in this application.

I understand that I must be current and competent in my practice to safely provide massage therapy services to the residents of Prince Edward Island. This is my professional responsibility for which I am held accountable through the PEI Regulated Health Professions Act & Massage Therapists Regulations and my regulatory body, the College of Massage Therapists of Prince Edward Island (CMTPEI).

I understand that as a registered massage therapist, I must use PEI’s Code of Ethics in conjunction with the Standards of Practice, workplace policies, and legal requirements to guide my practice and behavior.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This *Application* must be submitted, and the non-refundable application fee paid, before applications will be processed.**

Send payments by etransfer to [payment@cmtpei.ca](mailto:payment@cmtpei.ca) using password: *massage*

Please contact the Registrar at [registrar@cmtpei.ca](mailto:registrar@cmtpei.ca) for additional payment options.

### Fees

- **Application Fee: \$40.00 (non-refundable)**
- **Jurisprudence Exam: \$75.00; requirement for entry-to-practice in PEI**
- **Special Registration Fee: \$100.00**