

## 2019 General Registration Application Form

Please refer to the *General Registration Checklist* when completing this form.

You must submit a *General Registration Checklist* and all required evidence documents with this form **by mail**.

### 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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**D. Communications**

Preferred Mailing Address for College Communications: Home  Business   
Preferred Telephone Contact: Home  Business  Cell   
Preferred Email Address: Home  Business

Do you consent to the College sharing your registration number with insurers to verify your status?  
Yes  No

**E. Professional Registration and Practice History**

Are you currently registered as a Massage Therapist with another regulatory body outside of PEI?  
Yes  No

If yes, where?

\_\_\_\_\_

Have you ever practiced Massage Therapy anywhere outside of Prince Edward Island? Yes   
No

If yes, where were you practicing? (please include the dates you practised in each):

\_\_\_\_\_  
\_\_\_\_\_

**F. Professional Liability Insurance**

My professional liability insurance policy includes coverage for:

\_\_\_\_\_ per occurrence and \_\_\_\_\_ aggregate  
Amount (per occurrence minimum is \$2,000,000) Amount (aggregate minimum is \$2,000,000)

per year. My professional liability insurance is provided by \_\_\_\_\_,  
(Name of insurance Company)

with Policy Number \_\_\_\_\_ and is valid from \_\_\_\_\_ until \_\_\_\_\_  
effective date m/d/y expiry date m/d/y

**G. Education**

If you have graduated from a massage therapy program ***within the last three years***, please provide:

Name of school: \_\_\_\_\_ \*Province: \_\_\_\_\_

Total hours of training completed: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

\* If were you trained outside of Canada, please contact the Registrar: registrar@cmtpei.ca

G. Eligibility to Register			
1.	I certify that: <ul style="list-style-type: none"> <li>I am entitled to work in Canada</li> <li>I have reasonable proficiency in written and spoken English</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	<ul style="list-style-type: none"> <li>I have successfully completed a post secondary diploma or certificate in massage therapy <b>within the last 3 years</b> (minimum 2200-hour program)</li> <li>I have provided at least 500 hours of direct client care within the scope of practice of Massage Therapy <b>within the last 3 years</b> (if applicable)</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	<ul style="list-style-type: none"> <li>I have successfully completed an exam from a regulated body -- <b>circle applicable province</b>: BC Ontario NB NFLD</li> <li>I am in good standing with the professional <b>regulatory</b> body regulating the practise of Massage Therapy in each jurisdiction in which I was previously authorized to practice.</li> </ul>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	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> <p><b>Following successful application, applicants 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.</b></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

H. 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 H**, 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 – 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 the Code of Ethics in conjunction with the Standards of Practice, workplace policies, and legal requirements to guide my practice and behavior.

I understand that as a General Registrant, I must and will update my business contact information with the College within 14 days of securing or changing employment.

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

**This *Application* and the *General Registration Documents Checklist* 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: \$100.00**
- **Jurisprudence Exam: \$75.00; requirement for entry-to-practice in PEI**
- **General Registration Fee: \$350.00 (partial year \$250.00 – after September 1st)**