

2019 General Registration Documents Checklist

Please submit this document with the items listed below along with the General Registration application Form by mail

First Name: _____ Last Name: _____

Please sign this document and mail it to the CMTPEI Registrar along with the following:

- General Application fee** - \$100.00 (non-refundable) paid by etransfer to payment@cmtpei.ca (using password: massage) – Note: the General Registration Fee of \$350 will be required following successful application.
- Criminal record screening results** which **must include a Vulnerable Sector Check**. Original signed report of the results required and must have been conducted no more than six months before the date of application and obtained from your local Canadian police service. Photocopies are **not** accepted.
 - If the report indicates a criminal finding, applicants must submit a detailed explanation of the circumstances that led to the criminal finding. Applicants may be asked to provide a copy of charging documents, court transcripts and /or any relevant documentation related to the matter.
 - The report must include records of discharges which have not been removed from all databases in accordance with the *Criminal Records Act* and records of outstanding criminal charges of which the RCMP is aware.
 - The full name listed on your application form must match the name appearing on the Vulnerable Sector Check. The report must also indicate that a search was conducted under all current, previous, former or maiden names of the applicant.
- Certificate of Insurance** – a photocopy of your current and valid verifying professional liability insurance **showing** the minimum coverage amount of \$2 million per occurrence and \$2 million aggregate per year.
 - A receipt from your professional association or insurance payment receipts do not verify coverage and are **not** accepted.
 - To avoid processing delays, please be sure your insurance is in effect when your application is submitted.
- Entitled to work in Canada – government-issued evidence**. Please submit any one of the following only: Canadian Birth Certificate, Canadian Passport, Canadian Citizenship Card or Certificate, Permanent Resident Card or Work Permit issued by Citizenship and Immigration Canada permitting you to practise Massage Therapy in Canada. Your PEI driver's Licence or Health Card will **not** be accepted.

Plus, either of the following:

- Graduation certificate or diploma** (sent directly from the school to CMTPEI) **AND verification of successful exam completion** (sent directly from the regulatory body to CMTPEI). Applicants wishing to practise Massage Therapy on PEI must have successfully passed an exam from a regulated province (B.C., Ontario, N.B., or NFLD and Labrador). Applicants trained outside of Canada should contact the Registrar: registrar@cmtpei.ca ; **OR**
- Letter of Standing**. If you are currently or were previously registered to practise in any regulated jurisdiction, please arrange to have your regulatory body send a letter confirming your current standing directly to the CMTPEI Registrar. Your general registration application will not be processed if this letter has not been received directly from your regulator.

Processing Your Registration Package

Once your complete application (including all documentation) is received, your documents will be reviewed and processed within 10 business days if there are no outstanding concerns.

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. The Registrar will contact you to set up the CMTPEI's *Provincial Examination for Jurisprudence*.

If more information is required, you will be notified by E-mail within 10 business days.

I have read and understand all the information provided above:

Applicant Signature: _____ Date: _____