



## Education and Training

Massage Therapy school attended \_\_\_\_\_

City/Province \_\_\_\_\_ Hours of Study \_\_\_\_\_

Date of Graduation (if Student, expected date of graduation) \_\_\_\_\_

Have you ever been disciplined or expelled from an association or legislated regulatory body?

Yes No

If "Yes" name of Association/ Regulatory Body \_\_\_\_\_

Date of Expulsion \_\_\_\_\_  
(MM/DD/YYYY)

Reason for Expulsion or Disciplinary Action \_\_\_\_\_

Have you ever incurred any prior liability claims or losses?

If "Yes" please give full details:

Yes No

In the past three years, have you had liability insurance cancelled or coverage refused by an insurer?

If "Yes" please explain:

Yes No

Please advise the date insurance required is to be effective: \_\_\_\_\_  
(MM/DD/YYYY)

## Clinical Information

*This information is used to populate the Find a Therapist area on the Find an RMT section of the CRMTA website.*

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Business Telephone \_\_\_\_\_ Fax: \_\_\_\_\_

## Clinical Practice Setting

Please indicate in what types of setting you currently provide treatment services. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Private Practice in a Clinic | <input type="checkbox"/> Hospital                           |
| <input type="checkbox"/> Private Practice in Home     | <input type="checkbox"/> Fitness Centre, Spa or Health Club |
| <input type="checkbox"/> Sports Clinic / Facility     | <input type="checkbox"/> Mobile /On-Site                    |
| <input type="checkbox"/> Chiropractor Clinic / Office | <input type="checkbox"/> Resort or Hotel Other:             |
- 

## Application:

Please choose your membership option from the list below.

### **Active Membership: \$299/year**

The following RMTs may apply for an Active Membership with the CRMTA:

- have successfully completed a course of study in the Practice of Massage Therapy consisting of a minimum of 2,200 hours in Massage Therapy theory and clinical practicum approved by the Board; or
- in the event the person is enrolled in a program of more than 2,200) hours, then they are eligible to be an Active Member as soon as they provide evidence of having successfully completed 2,200 hours of their program, even though they may not yet have graduated from the full program that is in excess of 2,200 hours.

### **Associate Membership: \$299/year**

The following RMTs may apply for an Associate Membership with the CRMTA:

- be enrolled in a Massage Therapy program of a minimum of 2,200 hours that when completed will meet the requirements necessary for active membership;
- have completed a minimum of 1,200 hours of education and received a certificate of completion for that amount of training from a Massage Therapy program recognized by the Association; and
- only practice Massage Therapy under supervision and within their level of competence and within the scope of practice of their current level of training

### **Student Membership: \$100/year**

To become a student member of the Association the following qualifications must be met:

- be enrolled in a Massage Therapy program consisting of a minimum of twenty-two hundred (2,200) hours, recognized by the Association, but has not yet met the requirements to be an associate member or active member.
- only practice within their level of competence and within the scope of practice of their current level of training

### **Inactive Membership: \$75/year**

Any individual who is, or was, or is entitled to be, registered as an active member is eligible to be an inactive member in any membership year where they will not be providing Massage Therapy services to members of the public.

### **Affiliate Membership:\$50/year**

To become an affiliate member of the Association, the person will have an interest in the profession of Massage Therapy but need not be a Massage Therapist or enrolled in a Massage Therapy program. Any Canadian citizen over 18 years of age can apply for affiliate membership. The Board shall decide in their sole discretion whether or not to accept an individual as an affiliate member.

## Forms

To apply for all memberships *with the exception of the Affiliate Membership*, please attach the following documentation along with your application form:

- Official transcripts\* (in English) of your 2,200 hour Massage Therapy course or if you are attending a program of more than 2,200 hours, please attach a letter from your educational institutional indicating:
  - you are currently enrolled in the program
  - the date you are expected to graduate
- Current standard First Aid and CPR certification from an issuing authority recognized by the Association\*\*
- Evidence of being a Canadian citizen or a person lawfully permitted to work in Canada or, if a student, to study in Canada;
- A current criminal record check

## Outside of Alberta

If you are transferring to Alberta from another Province, or transferring from another association, the CRMTA requires correspondence from the Regulatory College or Association confirming that your registration/membership is in good standing and that you have no outstanding complaint or disciplinary actions filed against you.

## Insurance (Optional)

CRMTA has an insurance provider that can provides affordable insurance options to its members in addition to its low annual fees. Please select the insurance options you would like more information on:

- General Commercial Liability Insurance included in membership dues.
- Identity Theft Insurance included at no additional cost.
- Health and Dental benefit plans

\* Official transcripts are defined by the CRMTA as transcripts in English (or translated into English) from a recognized massage therapy institution.

\*\* For a list of First Aid and CPR authorities are recognized by the CRMTA please visit <http://work.alberta.ca/documents/approved-firstaid-training-courses.pdf>

## Freedom of Information and Privacy Act

In following regulations pertaining to the Freedom of Information and Privacy Act, only a member's business contact information will be displayed and/or distributed. Personal information is used only for internal database purposes. In the event that a member's residential address is also their business address, it is understood and agreed by the member, as signed below, that this information may be given out by CRMTA for business purposes only.

In order to provide and improve member services the CRMTA collects the personal and business related information contained on page one. Other than your name, city, province, membership number, membership status and the above mentioned business contact information, information you provide on this form is confidential and will only be used for the provision of member services and statistical reporting in accordance with the Personal Information Privacy Act. All Active members understand that the collection, use and disclosure of personal information is done in accordance with this Policy and that business contact information and treatment types available in various formats as required from time to time, will be published in the "Find a Therapist" area of the CRMTA Website for the public as well as for insurance provider verification purposes.

## Insurance Agreement

By submitting this application, I attest that the application has been completed accurately and honestly. No disciplinary action has been, or is pending, against me in any jurisdiction. I have never been the subject of any investigation either civil or criminal, in connection with any sexual act, conduct, molestation, and/or assault. I understand that that my liability insurance certificate will provide evidence that I have been added as an individual participant with respect to the coverage and limits of the Master policy for Professional and General Liability Insurance. I understand that the coverage provided by my insurance certificate is subject to all the terms; conditions and exclusions contained in the Master policy. I further understand that the insurance company will rely on the information I have provided in this application. Providing false statements on this application or subsequent renewals shall void this

application and render my insurance coverage null and void, and I may be subject to further legal action for making false statements.

### Geographical Practice

By submitting this application, I attest that I am practicing in the Province of Alberta only and understand that should I wish to practice Massage Therapy outside of the geographic boundaries of Alberta that my membership number is not valid for third-party insurance receipt provision.

I, the undersigned, declare that to the best of my knowledge the information provided and statements made in this application and any attached documents is true. I agree to abide by CRMTA Bylaws, Code of Ethics, Guidelines for Professional Boundaries, Standards of Practice and any other governing documents of the Association. I realize that I may lose my membership and membership privileges if complaints about me are found to be in violation of these documents. I further understand that membership dues are non-refundable in the event that I choose to cancel my membership at any time after application or renewal.

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

### Payment Method

#### Membership Dues

- Active Membership: \$299/year
- Associate Membership: \$299/year
- Student Membership: \$100/year
- Inactive Membership: \$75/year
- Affiliate Membership: \$50/year

- Cheque in the amount of \$ \_\_\_\_\_
- Money Order in the amount of \$ \_\_\_\_\_
- Credit Card (complete credit card authorization below)
- Cash/Debit in person at CRMTA location

TOTAL: \_\_\_\_\_ + GST

### Credit Card Authorization

*All membership dues paid by credit card are subject to a 2% transaction charge.*

The signature of cardholder below authorizes the Massage Therapist Association of Alberta to charge their credit card in the amount indicated above:

Visa, Mastercard or American Express Card Number \_\_\_\_\_

Expiry \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_