

Internationally Trained Massage Therapists – Application for Review of Credentials

Personal Contact Information (required)

First Name	Last Name	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs
		<input type="checkbox"/> Dr	<input type="checkbox"/> Other	
Street			City/Town	
Province	Postal Code	Country	Area Code and Daytime Telephone	
E-mail Address (to be used for all future correspondence)			Birth Date (DD/MM/YYYY)	

Education Information (required)

School Name		
School Address		
Program Name	Date Completed	Program Hours

School Name		
School Address		
Program Name	Date Completed	Program Hours

- If you attended more than two schools, please include the information on an additional page.
- The application fee is \$50 + GST and is non-refundable.

Please turn over to complete the form -->

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Page Two

Applicant's name: _____

Required documentation (certified translated copies if not in English)

-] Massage therapy credentials.
-] Other health-care related credentials, if applicable.
-] Official transcript that outlines the subjects studied in each program, and their length in hours.
-] Description of each course completed in your program.
-] Certificates for all continuing education you have completed since graduating from your foundational massage therapy program.
-] Curriculum vitae/résumé showing the details of your clinical experience.
-] Two letters of reference from professional sources – e.g., past or present employers, health care peers, instructors, etc.
-] Proof of legal entitlement to work in Canada if you are not a Canadian citizen or permanent resident.
-] Proof of having a good working knowledge of the English language. <https://ielts.org/organisations/ielts-for-organisations/test-types/ielts-general-training-test>

Attestation

I declare that this application has been completed accurately and truthfully and that if any submitted documents are fraudulent, forged, altered, or irregular, I acknowledge that the application will be terminated immediately. I understand that if approved, I will be eligible to participate in the MTAS Member Qualifying Examination (MQE) and that if successful and upon payment of all associated registration fees, I may become a member of the Association.

Fee: \$50 + GST (\$52.50). Payable by:

-] Visa or MasterCard: card #, expiry date and CVC: _____ or
-] Direct/auto deposit e-transfer to payment to payment@saskmassagetherapy.com (no security question)

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date received	Reviewed by	Review date
Not approved: reason _____		Approved: _____

Submit completed application and supporting documents by e-mail to:

Jayne L. Little, B.A. (Hons) - Member Services Manager
 Tel: 306-384-7077 Fax: 306-384-7175 E-mail: mtas@saskmassagetherapy.com