



# DECLARATION OF REGISTRATION REQUIREMENTS

NAME: \_\_\_\_\_ Application Date: \_\_\_\_\_

Please complete and sign form to avoid delays in your application.

1. Are you a Canadian Citizen, a holder of permanent resident status of Canada, or authorized under the Immigration Act of Canada to practice the Massage Therapy profession in Canada? NO \_\_\_ YES \_\_\_

**If you answered "YES" to question 1, PLEASE PROVIDE PROOF OF YOUR STATUS by attaching a photocopy of your i) Canadian Birth Certificate OR ii) Landed Immigrant Papers (MM-1000 FORM) OR iii) Certificate of Citizenship,**

2. Have you ever been denied registration/licensure by a registration/licensing authority for Massage Therapy in any province, territory, state, or country? NO \_\_\_ YES \_\_\_

3. Have you ever had your Massage Therapy registration encumbered in any way (revoked, suspended, surrendered, restricted, subjected to individual terms and conditions) by a registration/licensing authority for Massage Therapy in any province, territory, state, or country? NO \_\_\_ YES \_\_\_

4. Are you currently under investigation, or involved in any proceeding which could result in the encumbrance of your Massage Therapy registration/licensure by a registration/licensing authority for Massage Therapy in any province, territory, state, or country? NO \_\_\_ YES \_\_\_

5. Have you ever had your registration/license encumbered in any way (revoked, suspended, surrendered, restricted, subjected to individual terms and conditions) by a registration/licensing authority of another health profession (other than Massage Therapy) in New Brunswick or any province, territory, state or country? NO \_\_\_ YES \_\_\_

6. Are you currently under investigation or involved in any proceeding which could result in the encumbrance of your Massage Therapy registration/licensure by a registration/licensing authority of another health profession (other than Massage Therapy) In New Brunswick or any province, territory, state or country? NO \_\_\_ YES \_\_\_

7. Have you included your Criminal Record Check Report? NO \_\_\_ YES \_\_\_

**If you answered "YES" to # 2, 3, 4, 5, 6, or 7 please provide more details:**

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

I \_\_\_\_\_, hereby certify that I am the person making application for a certificate of registration and that all statements are true and complete in every respect. I understand that falsification of information on this application may result in the cancellation of my application for registration or cancellation of any certificate which may be issued.

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