



RMT APPLICATION FORM

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: (H) _____ (C) _____

DATE: _____ **RMT #** _____

1. Are you in good standing with the College of Massage Therapists of Ontario?

Yes No

If no, please explain: _____

2. Have you ever been disciplined by the College of Massage Therapy? Yes No

If yes, why: _____

3. Are you available: Full time Part time

4. Are you currently a practicing massage therapist? Yes No

5. What days and hours are you available?

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____

6. Are you available to work until at least 7:00 pm? Yes No

7. Are you capable of doing at least five (5) hours of massage in a shift? Yes No
8. Are you available for an eight (8) hour shift? Yes No
9. Are you capable of giving 30, 45, 60, 75 and 90 minute treatments? Yes No
10. Are you able to treat all types of conditions that are not contraindicated to massage therapy? Yes No
11. Are you capable of doing treatment oriented sessions and giving treatment plans to clients? Yes No
12. Are you willing to do promotional onsite massage (in-chair)? Yes No
13. Are you willing to do on-site corporate work? Yes No
14. Do you own a: portable chair portable table
15. From which massage therapy school did you graduate? _____
16. What year did you graduate? _____
17. How long have you been practicing? _____
18. In what type of settings have you practice massage therapy?

19. Have you worked in a clinic setting? Yes No
20. Are there any periods of time when you did not practice massage therapy? Yes No
If yes, why: _____

21. List any continuing education and/or self-development you have taken.
- i. _____
- ii. _____
- iii. _____