



MTAS

Massage Therapist
Association of Saskatchewan

Member of the Canadian Massage Therapist Association (CMTA)

NEW MEMBER APPLICATION

Please print

If you have any questions or require assistance, please e-mail the office at mtas@saskmassagetherapy.com, or call us at 306-384-7077.

You may submit your application in one of these ways:

Mail and office address: 22-1738 Quebec Avenue, Saskatoon, Sask. S7K 1V9

Fax: 306-384-7175

E-mail: mtas@saskmassagetherapy.com

In person: Call 306-384-7077 to make an appointment to bring in your application during office hours.

To comply with Association Bylaws, your application cannot be processed until this completed registration form, and all required documents are on file. All applicants must read, complete and sign all sections of this form. Failure to do so will result in your application being returned unprocessed.

You may attach separate typed pages to include any relevant details that require additional space. Please allow up to 2 weeks for processing.

A. Contact Information

Date of application: _____
(MM/DD/YEAR)

Date of birth: _____
(MM/DD/YEAR)

Full legal name (as you want it to appear on certificate and in our registry):

First _____ Middle (*optional*) _____ Last _____

Mailing address: _____

City/town: _____ Province: _____ Postal code: _____

Cell phone: () _____ Home phone: () _____

Personal e-mail (*for MTAS correspondence*): _____

For statistical purposes only, with which gender do you identify?

Female

Male

Non-binary

Other: _____

B. Clinic Information

Primary clinic name: _____

Address: _____

City/town: _____ Province: _____ Postal code: _____

Telephone: () _____ E-mail: _____

Website: _____

You may update your profile with additional clinic locations once your registration has been approved and we have provided you with log-in credentials for the members-only portal on our website.

C. Website listing

Please indicate below if you would **NOT** like to have your clinic information posted on the MTAS publicly accessible “*Find a Therapist*” feature on our website. This is free publicity for your practice and is optional. **If this box is left blank, we will automatically post your clinic contact information noted above.**

I **WOULD NOT** like my clinic information posted.

D. Registration Information

If you answer “no” to any of the first three questions (1-3), please provide details on a separate page.

I am declaring that:

1. I am legally entitled to work in Canada (Canadian citizen, permanent resident, landed immigrant, work permit/visa). Yes No

2. I have satisfactorily completed the requirements of a minimum 2,200-hour massage therapy diploma, graduated from the massage therapy school named: _____
and received my diploma on (date): _____ Yes No
(Please attach a copy of diploma). (MM/DD/YEAR)

3. I hold, as required by the MTAS Bylaws, a **valid certificate in CPR level C or higher and Standard First Aid** (online and USA-based courses are not acceptable), which expires on: _____
(Please attach a copy of certificate). (MM/DD/YEAR) Yes No

4. I hold, as required by the MTAS Bylaws, a **professional liability and malpractice insurance policy** with coverage to the value of at least \$2m. Yes No
If “yes”, provide the carrier’s name: _____
(Please attach a copy of certificate of insurance).
If “no”, please provide reason, e.g. new graduate: _____

5. List any other healthcare-related training and credentials, including dates:

6. List all previous jurisdictions in which you have practiced massage therapy, including the years of licensure.
If none, put N/A. _____

7. Do you hold a current membership or registration with another massage therapy Association and/or regulatory College? If yes, please specify: _____ Yes No

If you answer “yes” to any of the following five questions (8-12), please provide details on a separate page.

8. Have you been arrested, charged with, or convicted of an offence under the Criminal Code of Canada, the Controlled Drugs and Substances Act, the Food and Drugs Act, or any similar legislation in any jurisdiction?
If “yes” attach the Legal Decision document. Yes No

9. With respect to your practice, has there ever been a finding of professional misconduct, incompetency, incapacity, or any like finding, against you in relation to the profession of massage therapy or another health profession, in Saskatchewan or in any other jurisdiction? Yes No

- | | | | |
|-----|---|-----|----|
| 10. | Is there a current proceeding against you involving an allegation of professional misconduct, incompetence or incapacity, or any like finding, in relation to the profession of massage therapy or another health profession, in Saskatchewan or in any other jurisdiction? | Yes | No |
| 11. | Have you been denied any license or permit which requires proof of good character? | Yes | No |
| 12. | Have you been expelled from a post-secondary academic institution? | Yes | No |

E. Documents Checklist

All documents must be submitted with your application, otherwise it will be returned unprocessed.

- Massage Therapy diploma** from a recognized school, stating hours of completed studies (must be a minimum of 2,200 hours and from a program recognized by MTAS, CMTO, CMTBC, CMTNL or CMTPEI). *Photocopy or photograph is acceptable.*
- Final transcript** of marks from massage therapy school of graduation (GPA must be at least 70%). *Photocopy or photograph is acceptable.*
- Current CPR level C or higher, and Standard First Aid certificate** - online and USA-based courses not acceptable. *Photocopy or photograph is acceptable.*
- Criminal record check and vulnerable sector search.** *Must be the original signed document* from the Police Service responsible for your jurisdiction, completed no more than 6 months prior to the date of this application.
- Professional liability and malpractice certificate of insurance** with coverage to the value of at least \$2m. If you are not currently insured, we will provide the details for you to purchase this from the MTAS-approved insurer prior to commencing practice. *A receipt is not considered sufficient proof.*
- Letter or certificate of good standing/confirmation of membership** from the massage therapy Association or regulatory College where you were/are a member (if applicable). *New graduates are exempt from this requirement.*
- Two (2) reference letters** from professional colleagues, employers, or instructors.
- Official government photo ID.** *Photocopy or photograph is acceptable.*
- Continuing education history.** Provide copies of the certificates for any course, workshops or other activities relevant to massage therapy that you have completed since November 1, 2024. We will evaluate these against the continuing education policies of the MTAS to determine whether credits are applicable. If you have not completed any continuing education, please provide the reason: _____

F. Membership Classification

Check one box.

GST is not applicable.

- Practicing RMT member
- Non-practicing RMT member
- MT student – first year
- Non-resident practicing RMT member
- Allied member (non-RMT), e.g. educator, course provider
- MT student – second year

See below for pro-rated membership fees according to the date you become a member.

The membership year runs November 1 to October 31.

JOINING BETWEEN:	NON-RESIDENT/ PRACTICING	NON-PRACTICING	ALLIED	STUDENT
November 1 to January 31	\$430.00	\$215.00	\$107.50	FREE
February 1 to April 30	\$322.50	\$161.25	\$107.50	FREE
May 1 to July 31	\$215.00	\$107.50	\$53.75	FREE
August 1 to October 31	\$107.50	\$53.75	\$53.75	FREE

G. Payment Information

- VISA/MASTERCARD**
- E-TRANSFER to payment@saskmassagetherapy.com**

Note that we cannot process combined debit/credit cards, and e-transfer must be a direct or automatic deposit, no security question. We do not accept cheques.

TOTAL PAYMENT INCLUDED \$ _____

If paying by credit card, your signature below authorizes MTAS to charge your card with the amount shown above. To protect confidentiality, credit card information is destroyed after processing.

VISA/MC number: _____

Expiry date: _____

Card holder signature: _____

CVC #: _____

H. Membership Declaration and Agreement

Initial beside each statement to acknowledge

I declare I have read, understood, and agree to abide by, the Bylaws, Standards of Practice, Code of Ethics, and any other governing documents of the Association (*available at www.saskmassagetherapy.com – “About MTAS”.*) 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 fees dues are non-refundable if I choose to cancel my membership at any time or for any reason, after application and/or renewal.

Initial _____

I acknowledge that according to the MTAS Bylaws it is professional misconduct for members to practice massage therapy whilst holding a non-practicing, allied, or student membership, or when suspended. I understand that this may be considered insurance fraud and that the Association will investigate complaints and may take further action.

Initial _____

I understand that I must notify the MTAS office in writing within thirty (30) days of any changes to the personal and/or clinic information on page 1 of this form.

Initial _____

I understand that the Association's default method of communication is via e-mail. By signing this form, I consent to receive electronic communication at the personal e-mail address included on this form. Initial _____

I consent to the collection, use and referral/disclosure of clinic contact information in accordance with the MTAS policy on communication with third-party insurance companies. Initial _____

I confirm I have the legal right to work in Saskatchewan and have disclosed to the MTAS the details of any prior or new criminal convictions in Canada or elsewhere, and any new or outstanding criminal charges. Initial _____

I agree to conduct my practice within the scope of practice of massage therapy in a competent, professional and ethical manner. Initial _____

I do solemnly declare that the statements I have made in all parts of this application form are true and complete in every respect. (Signing a document that you know provides false or misleading information is professional misconduct and may result in disciplinary action.) Initial _____

I make this declaration conscientiously, believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signed this _____ day of _____, _____ at _____
Month Year City

Signature of applicant: _____ Witness signature: _____

Printed name: _____ Witness name: _____

The applicant is advised that the Massage Therapist Association of Saskatchewan, Inc. reserves the right to make further inquiries as may be considered necessary, and to contact any references named herein for further details.

FOR OFFICE USE ONLY:

Date application received: _____ Reviewed by: _____

All documents received: yes [] no [] If no, date applicant notified of deficiencies: _____

Date application re-received with deficiencies addressed: _____

Fees paid: \$ _____ Payment verified (trace # or transaction #): _____

Membership effective date: _____ Membership number: _____

Entered in database: yes [] Entered in CyberImpact: yes []

Entered in QBO: yes [] Added to insurance list: yes []

**Massage Therapist Association of Saskatchewan, Inc.
22 – 1738 Quebec Avenue, Saskatoon, Saskatchewan, S7K 1V9**

Tel: 306-384-7077

Fax: 306-384-7175

E-mail: mtas@saskmassagetherapy.com

www.saskmassagetherapy.com

Membership Categories

Practicing Member:

A practicing member may hold office and vote at meetings of the Members.

Non-resident practicing Membership:

A non-resident practicing member shall not be currently practicing in Saskatchewan or practicing in another jurisdiction where membership in a massage therapy Association affiliated with the Canadian Massage Therapist Alliance (CMTA) is available.

Non practicing Membership:

A non-practicing member shall be entitled to all benefits and privileges of the Association except the right to hold office and to vote at meetings of the Members. Non-practicing Members may serve on Committees of the Board. A candidate for non-practicing membership must be eligible to practice massage therapy prior to upgrading their membership and not be currently practicing.

Student Membership:

A student member shall be entitled to attend and be heard at meetings of the Members, but shall not be entitled to vote thereat, may not hold an office in the Association, but may serve on Committees of the Board. A candidate for student membership in the Association must be enrolled in an approved training body for massage therapy.

Allied Membership:

An allied member shall be entitled to attend and be heard at meetings of the Members, but shall not be entitled to vote thereat, may not hold office in the Association, but may assist on Committees of the Board. Educators, health-care professionals (outside the massage profession) and other interested individuals may obtain allied membership in the Association. A corporation, partnership or other business vehicle may obtain an allied membership in the Association.

Honourary practicing life Membership:

Bestowed by the Association for exemplary contributions to the betterment of the massage therapy profession.

Retiree Membership:

A Registered Massage Therapist who has been forced or voluntarily withdrew from their job because of having reached a particular age or because of ill health. A Registered Massage Therapist fully retiring from the profession must have a minimum of fifteen years prior membership in the MTAS or combined membership with another association recognized by MTAS to qualify for retiree membership.

Senior Membership:

A Registered Massage Therapist who has reduced their work hours and workload, working remotely or with a more flexible schedule as they transition to full retirement. A Registered Massage Therapist who has been a practicing member of MTAS and/or another association recognized by MTAS for at least twenty-five years and is in good standing with MTAS and continues to practice as a Registered Massage Therapist with reduced hours of work not to exceed 20 hours per week.