

ACCOMMODATION REQUEST FOR TEMPORARY CONDITION TO BE COMPLETED BY REGISTRATION APPLICANT

Applicant Information:

Surname	First Name	Second Name	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
			Ms <input type="checkbox"/>	Dr <input type="checkbox"/>
Street No and Name		City/Town/Village		
Province/State	Postal/Zip Code	Country	Area Code	Telephone (home)
Email address		Birthdate (yyyy/mm/dd)	Area Code	Telephone (work)
CMTBC Application/Number				Gender

Nature of the temporary condition:

(Please include supporting documentation, so that CMTBC may evaluate your request for accomodation.)

Submit Information to:

Please submit this Accommodation Request for Temporary Condition directly to the College of Massage Therapists of BC at:

Address	CMTBC #304, 1212 West Broadway Vancouver, BC V6H 3V1	Email	applicant@cmtbc.ca
		Fax	(604) 736 6500