

## APPLICATION FOR NON-PRACTISING REGISTRATION

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### Personal Information:

Surname	First Name	Second Name		
Street No and Name		City/Town/Village		
Province/State	Postal/Zip Code	Country	Area Code	Telephone
Email Address		Registration Number		

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### Liability Insurance:

If you currently have claims-based insurance coverage, you must maintain professional liability insurance as an Inactive registrant, as provided for in the College *Bylaws*, Section 61(2).

Effective date of change to registration status:

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### Certification:

I hereby apply for non-practising registration with the College of Massage Therapists of British Columbia and in doing so agree that I will not provide massage therapy services in British Columbia while registered as non-practising.

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Signature

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Date