

## ACCOMMODATION REQUEST FOR TEMPORARY CONDITION TO BE COMPLETED BY REGISTRATION APPLICANT

### Applicant Information:

|                          |                 |                        |                             |                              |
|--------------------------|-----------------|------------------------|-----------------------------|------------------------------|
| Last Name                | 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<br>#560 – 1285 West Broadway<br>Vancouver, BC   V6H 3X8 | Email | applicant@cmtbc.ca |
|         |   | Fax   | (604) 736 6500     |