



REQUEST TO CANCEL REGISTRATION – RMT

I, _____ (name), RMT-_____ (registration number),
a registrant of the College of Complementary Health Professionals of BC in the
Registrant class of Massage Therapy, hereby request the cancellation of my
registration as of _____ (effective date).

I acknowledge:

My name will no longer appear on Licence Verification as a registrant;

I will be prohibited by law from using the titles “registered massage
therapist,” “massage therapist,” “registered massage practitioner” and
“massage practitioner” in the Province of British Columbia;

Should I wish to re-register as a registered massage therapist in BC at
a future date, I will be required to meet the requirements for
reinstatement of registration applicable at that time.

Print this form, then sign it and fill in the date below.

Signature

Date

Please complete this form in full, scan it as a PDF, and return it by email to
registration@cchpbc.ca.

Alternatively, you may send the completed and signed form to the College of Complementary
Health Professionals of BC by mail to the address below, Attention: RMT Licensure.