



## 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.

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Signature

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Date

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