



Registered Massage Therapists'
Association of Ontario

RMTAO Career Centre Listing Submission Form

The RMTAO is pleased to offer an **electronic** registry to list available positions, space for rent or a practice for sale to RMTs. This is a service provided by the RMTAO to all RMTs who are members. Listings can be purchased on-line from the website or by completing this form and faxing it to the RMTAO Office at 416-979-1144 or mailing it to RMTAO at the address noted on the bottom of this page.

Once completed and approved by the RMTAO, listings are posted for a 28 -day period of time. After the completion of the duration of the listing, the registry will automatically delete the listings. If you wish to have your listing renewed, you can either re-enter the listing after the expiration of a previous listing or contact the RMTAO Office, before the 28 day period is up to extend the period .

In addition to being able to access the Career Centre and the Career Listings, RMTAO members will also receive preferred pricing for posting a listing. A fee of \$70.63 (\$62.50 plus HST) is charged to RMTAO members and \$84.75 (\$75.00 + HST) for non-members advertising on this service. Listings are not posted until payment has been received and will be posted within 48 hours of receipt. Please complete all parts of the form to ensure that your listing is accurate. Fields with an asterisk are required fields.

BILLING CONTACT INFORMATION				
Title	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss			
First Name*		Last Name*		
Company				
Address*				
City*		Prov.		Postal Code*
e-mail*			RMTAO Member No.	
Telephone*			Fax	

PAYMENT INFORMATION				
<i>Please note that the listing cannot be added to the Career Centre until payment is received.</i>				
<input type="checkbox"/> CHEQUE (ENCLOSED AND MADE PAYABLE TO THE RMTAO) <input type="checkbox"/> VISA/MASTERCARD (COMPLETE THE FOLLOWING)				
CARD No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Exp. <input type="text"/> / <input type="text"/>
NAME ON CARD:		SIGNATURE:		

LISTING INFORMATION			
Type of Listing (choose one)	<input type="checkbox"/> Space Available: <i>Please complete sections 1, 2, 3, 4, 6, and 7 (optional) below.</i>	<input type="checkbox"/> Position Available: <i>Please complete sections 1, 2, 3, 5, 6 and 7 (optional) below.</i>	<input type="checkbox"/> Practice for Sale: <i>Please complete sections 1, 2, 3, 6 and 7 (optional) below.</i>

* denotes that information must be provided

* May not indicate negotiable

INFORMATION ABOUT THIS LISTING				
Section 1: Contact Information for Publication				
Title*	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Miss			
First Name*		Last Name*		
Telephone*		Facsimile		
E-mail*				
Section 2: Regional Location* (Check all that apply)				
<input type="checkbox"/> Brant <input type="checkbox"/> Dufferin <input type="checkbox"/> Durham <input type="checkbox"/> GTA <input type="checkbox"/> Haliburton Highlands <input type="checkbox"/> Halimand- Norfolk	<input type="checkbox"/> Halton <input type="checkbox"/> Hamilton-Wentworth <input type="checkbox"/> Huron Grey Bruce Wellington <input type="checkbox"/> International <input type="checkbox"/> Kitchener Waterloo <input type="checkbox"/> Lambton	<input type="checkbox"/> London <input type="checkbox"/> City of Toronto <input type="checkbox"/> Muskoka <input type="checkbox"/> N. Ontario <input type="checkbox"/> Niagara <input type="checkbox"/> Ottawa Carlton	<input type="checkbox"/> Out of Province <input type="checkbox"/> Peel Halton <input type="checkbox"/> Peterborough Kawarthas <input type="checkbox"/> S.E. Ontario <input type="checkbox"/> S.W. Ontario <input type="checkbox"/> Simcoe <input type="checkbox"/> YORK	
Section 3: Clinic Information				
Clinic Name*				
Address*				
City*		Prov *		Postal Code* _____
Website				
Intersection	Street 1:		Street 2:	
Section 4: For a "Space Available Listing" only:				
Choose one of A or B *	(A) <input type="checkbox"/> Space for Rent *	Fee / month*	<i>Please do not indicate "negotiable"</i>	
	(B) <input type="checkbox"/> Shared Space*	Size		
Section 5: For a "Position Available" only:				
Choose one of A or B *	(A) <input type="checkbox"/> Salary Offered	Amount*	<i>Please do not indicate "negotiable"</i>	
	(B) <input type="checkbox"/> Split Percentage	Percentage to RMT*	<i>Please do not indicate "negotiable"</i>	
Section 6: Type Of Position *				
Spa/Resort/Hotel Fitness Centre Schools/ Teaching Opportunity		MT Clinic Institution International opportunities		Multidisciplinary clinic Outcalls/Mobile Out-of-province opportunities
Section 6: Other Details:				
Other RMTs at Location*	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supplies Offered (Check all Applicable*)	<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please specify below:	
	<input type="checkbox"/> Oil <input type="checkbox"/> Towels <input type="checkbox"/> Telephone <input type="checkbox"/> Hydrotherapy <input type="checkbox"/> Sheets	<input type="checkbox"/> Linen Service <input type="checkbox"/> Receptionist <input type="checkbox"/> Showers <input type="checkbox"/> Table <input type="checkbox"/> Clients	<input type="checkbox"/> Credit Card Authorizations <input type="checkbox"/> Online Billing/Scheduling <input type="checkbox"/> Other (Describe): _____	
Section 7: Additional details/description:				
<i>A description or additional details are welcome. Any negotiable fees/rates can be noted here. All descriptions must comply with the Ontario Human Rights Code.</i>				

* May not indicate negotiable