



## Massage Therapy Association of Nova Scotia 2008 Certification Examination Application

Personal Information: Mr/Mrs./Ms./Miss First name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ last name: \_\_\_\_\_  
 Mailing Address (MTANS will send all results and other relevant correspondence to this address only)

Apt # \_\_\_\_\_ P.O. Box \_\_\_\_\_ Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOB (mm/dd/yy) \_\_\_\_\_

School Attended: \_\_\_\_\_

Graduation Date (mm/dd/yy) \_\_\_\_\_

**CERTIFICATION EXAMINATIONS:** For 2008, the dates are as follows- Saturday July 12 and Sunday July 13. Four (4) sessions will be run:

9:00-10:30am, 10:45-12:15pm, 1:15-2:45pm, 3:00-4:30pm

Please enter your preference(s) below. Be advised that MTANS will do their best to accommodate your preferences but makes no guarantees. Applicants needing **Special Accommodations** will be tested on Sunday July 13 at 3pm only.

\*OSCE dates and times are subject to availability. Submission deadline is one month before date. The MCQ or multiple-choice examination is offered continuously throughout the year. This application can be used to apply for both the OSCE and the MCQ. A new application must be submitted each time an applicant wishes to take another exam.

Preference	July 12, 2008	July 13, 2008
1	AM or PM	AM or PM
2	AM or PM	AM or PM
3	AM or PM	AM or PM

**Multiple-Choice Examination (MCQ)**

Please enter date and time registered for the MCQ: \_\_\_\_\_

**EXAMINATION FEES AND PAYMENT OSCE: \$575.00 MCQ: \$225.00** Cash and /or Cheque only

Payments will be accepted by mail or in person at MTANS Head Office Suite 700 6009 Quinpool Road P.O. Box 9410  
 Stn 'A' Halifax, NS B3K 5S3 (902) 429-2190 please email any questions to: exam@mtans.com

Acknowledgements: I acknowledge that the personal information provided on this form is used by MTANS to administer the aforementioned examination process, for membership and for research and other projects related to the governance of massage therapists and is collected, used and disclosed in accordance with the Privacy Laws. I have completely read and understand the candidate information and procedures stated in the Candidate Handbook and signed below as proof of doing so.

Candidate Signature Date (mm/dd/yyyy) \_\_\_\_\_