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| A picture containing drawing  Description automatically generated |  | **Massage Therapists Association of Nova Scotia**Lobby Box 142502-5657 Spring Garden RoadHalifax, NS B3J 3R4info@mtans.ca Fax Number: (902) 425-2441 |
|  |
| **Request for Letter to Verify Registration** |
|  |
| Personal information |
|  |  |  |
| First Name | Last Name | MTANS # |
|  |  |  |
| Street Address | City/Town | Province | Postal Code |
|  |
| Home Phone # | Cell Phone # | Email Address |
|  |
| Please mail my letter to |
|  |
| Organization/Individual’s Name |
|  |
| Street Address | City/Town |
|  |
| Province/State | Postal Code/Zip Code | Country |
|  |
| *I herby authorize MTANS to provide full information related to my registration history, continuing education program compliance and where applicable, any information regarding complaints against my professional conduct and any disciplinary proceedings against me. I hereby release MTANS, its servants and agents from all liability arising out of the furnishing of such information* |
|  |
| Print Name | Signature | Date |
|  |
| **Fees** |
| The fee for a letter to verify registration is $20.00. Payment is by credit card. Please fill out the section below. Credit card information will be securely destroyed after processing.  |
| Credit card # |  Expiry Date |  CVV |
| Name of Card Holder (print) Signature |
| **Note: The letter to verify registration will be forwarded directly to the Organization/Individual’s Name indicated above. You will not receive a copy of the letter. Once the completed form is received, please allow 7-10 business days for processing.**  |