



CERTIFIED REGISTERED
Massage Therapist Association

Online Membership Renewal

Login to your CRMTA profile. <https://portal.crmta.com/rmt/login/>

At the top of the page, you will see a renewal header with a link that says click here to renew your membership.

Renewal

Please click here to renew your membership -- Active ← Click Here!

Once you click on the link you will be brought to your contact information page. Please make any updates that are needed. Once complete click on the continue button.

Welcome to the CRMTA/EasyInsure application page. The information requested below is for your CRMTA application as well as your EasyInsure Insurance application.

CONTACT INFORMATION

First Name

CRMTA

Last Name

CRMTA

Email

Inquiries@crmta.com

Confirm Email

Inquiries@crmta.com

Phone:

(780) 271-7682

MAILING ADDRESS

Street Address

137 Bonnie Doon Shopping Center Northwest, Edmonton

Postal Code

T6C 4E3

City

Edmonton

Province

Alberta

Unit (Optional)



CERTIFIED REGISTERED Massage Therapist Association

The details on this page are required for your CRMTA membership.

Membership Details

Birth Date:

01/02/2002

Education and Training

Massage Therapy school attended

TestSchool

School City

edmonton

School Province

Alberta

Number of Hours in Program

2200

Date of Graduation/Expected Graduation Date

24/02/2021

Primary Employer Information

Are you currently Employed?

Yes

No

Do you work for multiple employers?

Yes

No

Primary Business Name

CRMTA

Primary Business Street Address

#137 Boonie Doon Centre

Primary Business City

edmonton

Primary Business Province

Alberta

Primary Business Postal Code

T6C

4E3

Primary Business Phone Number:

780

-

271

-

7682

Clinical Practice Setting

Please indicate in what types of setting you currently provide treatment services. Select all that apply.

Private Practice in a Clinic

Private Practice in Home

Sports Clinic / Facility

Chiropractor Clinic / Office

Hospital

Fitness Centre, Spa or Health Club

Mobile / On-Site

Resort or Hotel

Massage Clinic

Physiotherapy Clinic

Other

PREVIOUS

CONTINUE

The next page will verify your birthdate, Education, and current workplace information. If you work at multiple locations use the information for your primary employer. Be sure to click on the applicable clinical practice setting at the bottom of the page. Unselect any that no longer apply. Once you make any necessary changes click continue at the bottom.



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The next page will include the following questions. Please answer yes or no and provide any details if needed. Once completed click on continue.

Have you ever been convicted of a crime?

Yes	No
-----	----

Have you ever been disciplined or expelled from an association or legislated regulator body?

Yes	No
-----	----

Have you ever incurred any prior liability claims or losses related to massage therapy?

Yes	No
-----	----

In the past three years, have you had Professional Liability/Medical Malpractice insurance cancelled or coverage refused by an insurer?

Yes	No
-----	----

Were you previously insured with Professional Liability/Medical Malpractice Insurance?

Yes	No
-----	----

PREVIOUS

CONTINUE



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The next page will go over your policy, pricing and agreements. Make sure to read through it and click on I agree and then continue.

Your CRMTA coverage with EasyInsure is an occurrence based policy and includes:

- \$3,000,000 per occurrence and \$5,000,000 per year for: malpractice, injury and property damage, products liability, personal & advertising liability
- There is also coverage for tenants legal liability, legal defence costs, privacy breaches and non owned auto etc.
- A more comprehensive summary is available in the attached pdfs

[CLICK HERE to view the Statement of Facts for this policy.](#)

Summary:

Base Premium:	\$200
Broker's Fee:	\$8
CRMTA Membership Fee:	\$39
MVP Affinity Services Inc Admin Fee:	\$60
Tax:	\$5.35
Total Cost:	\$312.35

Summary of Broker Compensation:

Commission:	\$25.00
Broker's Fee:	\$8.00
Total Broker Remuneration:	\$33.00

Geographical Practice

By submitting this application, I attest that I am practicing in the Province of Alberta only and understand that should I wish to practice Massage Therapy outside of the geographic boundaries of Alberta that my membership number is not valid for third-party insurance receipt provision.

I, the undersigned, declare that to the best of my knowledge the information provided and statements made in this application and any attached documents is true. I agree to abide by CRMTA Bylaws, Code of Ethics, Guidelines for Professional Boundaries, Standards of Practice and any other governing documents of the Association. I realize that I may lose my membership and membership privileges if complaints about me are found to be in violation of these documents. I further understand that membership dues are non-refundable in the event that I choose to cancel my membership at any time after application or renewal.

The applicant also agrees that they have read the applicable policy wordings ([Click here to view](#)) and Statment of Facts ([Click here to view](#)) for this insurance policy and understand the policy coverages and exclusions.

Do you the applicant, [REDACTED] agree to the terms outlined above?

PREVIOUS

CONTINUE



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The following page has one more agreement to read through. Once read click I agree and then continue.

Freedom of Information and Privacy Act

In following regulations pertaining to the Freedom of Information and Privacy Act, only a member's Business contact information will be displayed and/or distributed. Personal information is used only for internal database purposes. In the event that a member's residential address is also their Business address, it is understood and agreed by the member, as signed below, that this information may be given out by CRMTA for Business purposes only.

In order to provide and improve member services the CRMTA collects the personal and Business related information contained on page one. Other than your name, city, province, membership number, membership status and the above mentioned Business contact information, information you provide on this form is confidential and will only be used for the provision of member services and statistical reporting in accordance with the Personal Information Privacy Act. All Active members understand that the collection, use and disclosure of personal information is done in accordance with this Policy and that Business contact information and treatment types available in various formats as required from time to time, will be published in the "Find a Therapist" area of the CRMTA Website for the public as well as for insurance provider verification purposes.

Insurance Agreement

By submitting this application, I attest that the application has been completed accurately and honestly. No disciplinary action has been, or is pending, against me in any jurisdiction. I have never been the subject of any investigation either civil or criminal, in connection with any sexual act, conduct, molestation, and/or assault. I understand that that my liability insurance certificate will provide evidence that I have been added as an individual participant with respect to the coverage and limits of the Master policy for Professional and General Liability Insurance. I understand that the coverage provided by my insurance certificate is subject to all the terms; conditions and exclusions contained in the Master policy. I further understand that the insurance company will rely on the information I have provided in this application. Providing false statements on this application or subsequent renewals shall void this application and render my insurance coverage null and void, and I may be subject to further legal action for making false statements.

The applicant also agrees that they have read the applicable policy wordings ([Click here to view](#)) and Statement of Facts ([Click here to view](#)) for this insurance policy and understand the policy coverages and exclusions.

Do you the applicant [REDACTED] agree to the terms outlined above?

CONTINUE



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The last page will ask for your payment information. Type your information in and then hit process my payment. Once your payment is processed you will be taken to an additional page that will allow you to download your insurance policy. Once this step is done the CRMTA administration team will finalize your renewal and will notify you when your CRMTA certificate and letter is generated.

Should you not be paying by credit card and have already informed CRMTA staff. This payment page will not appear and instead your policy will be automatically generated.

Credit Card

Billing Address

Street Number	Street Name
City	Province*
Canada	Postal Code

Credit Card Information

Name on Card	
Credit Card Number	
Expiry Month*	Expiry Year*
CVV	

PROCESS MY PAYMENT

PAYMENT SUMMARY

Summary

Base Premium:	\$200.00
Broker's Fee:	\$8.00
CRMTA Membership Fee:	\$39.00
MVP Affinity Services Inc Admin Fee:	\$60.00
Tax:	\$5.35
Total Due Now:	\$312.35 CAD

[Refund Policy](#) [Delivery Policy](#)