

## RMTAO Career Centre Listing Submission Form

The RMTAO is pleased to offer an **electronic** registry to list available positions, spaces for rent or practices for sale to RMTs. This is a service provided by the RMTAO to all RMTs who are members. Listings can be purchased online 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 this period, 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 repost your listing for an additional 28-day period. You will have to pay the fee again in order to re-post your listing.

In addition to being able to access the Career Listings, RMTAO members will also receive preferred pricing for posting a listing. A fee of \$79.10 (\$70.00 plus HST) is charged to RMTAO members and \$101.70 (\$90.00 + HST) for non-members advertising on this service. Listings are not posted until payment has been received and will be posted within one business day 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* <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span>
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.	<span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> - <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> - <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> - <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span>		EXP. <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> / <span style="border: 1px solid black; padding: 0 5px;">  </span> <span style="border: 1px solid black; padding: 0 5px;">  </span> (Month / Year)	
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					
<b>Section 1: Contact Information for Publication</b>					
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*					
<b>Section 2: Regional Location* (Check a maximum of 3 that apply)</b>					
<input type="checkbox"/> Brant <input type="checkbox"/> Dufferin <input type="checkbox"/> Durham <input type="checkbox"/> GTA <input type="checkbox"/> Haliburton <input type="checkbox"/> Highlands <input type="checkbox"/> Haldimand-Norfolk	<input type="checkbox"/> Halton <input type="checkbox"/> Hamilton-Wentworth <input type="checkbox"/> Huron Grey Bruce <input type="checkbox"/> 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 <input type="checkbox"/> Kawarthas <input type="checkbox"/> S.E. Ontario <input type="checkbox"/> S.W. Ontario <input type="checkbox"/> Simcoe <input type="checkbox"/> YORK		
<b>Section 3: Clinic Information</b>					
Clinic Name*					
Address*					
City*		Prov *		Postal Code*	
Website					
Intersection	Street 1:		Street 2:		
<b>Section 4: For a "Space Available Listing" only:</b>					
Choose one of A or B *	(A) <input type="checkbox"/> Space for Rent *	Fee / month*	Please do not indicate "negotiable"		
	(B) <input type="checkbox"/> Shared Space*	Size*			
<b>Section 5: For a "Position Available" only:</b>					
Choose one of A or B *	(A) <input type="checkbox"/> Salary Offered	Amount*	Please do not indicate "negotiable"		
	(B) <input type="checkbox"/> Split Percentage	Percentage to RMT*	Please do not indicate "negotiable"		
<b>Section 6: Type Of Position *</b>					
<input type="checkbox"/> Spa/Resort/Hotel <input type="checkbox"/> Fitness Centre <input type="checkbox"/> Schools/ Teaching Opportunity		<input type="checkbox"/> MT Clinic <input type="checkbox"/> Institution <input type="checkbox"/> International opportunities		<input type="checkbox"/> Multidisciplinary clinic <input type="checkbox"/> Outcalls/Mobile <input type="checkbox"/> Out-of-province opportunities	
<b>Section 6: Other Details:</b>					
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): _____		
<b>Section 7: Additional details/description:</b>					

*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.*

\* May not indicate negotiable