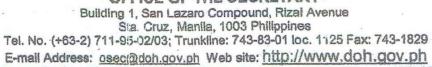


Republic of the Philippines Department of Health

OFFICE OF THE SECRETARY





COMMITTEE OF EXAMINERS FOR MASSAGE THERAPY (CEMT)

RENEWAL APPLICATION (License)

	Control No.
NAME	
ADDRESS	
	AGE
	. :
	CEL#
OFFICE ADDRESS	
Supporting Documents :	Date Submitted
Medical CertificatePTR (from LGU)Resident CertificateProfessional Identification (CMTE Certification of CredCertificate of Registration (Renewal Fee Receipt / Number Card lit Units Earned
Noted	(Signature) Licensed Massage Therapist
(Signature over printed name) CHD Program Coordinator	The second secon