



Republic of the Philippines
 Department of Health
OFFICE OF THE SECRETARY

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COMMITTEE OF EXAMINERS FOR MASSAGE THERAPY (CEMT)

RENEWAL APPLICATION (License)

Control No. _____

NAME _____

ADDRESS _____

DATE OF BIRTH _____ AGE _____

CONTACT NUMBERS: OFFICE _____

RESIDENCE _____ CEL # _____

OFFICE ADDRESS _____

Supporting Documents : _____ Date Submitted _____

- ___ Medical Certificate
- ___ PTR (from LGU)
- ___ Resident Certificate
- ___ Professional Identification Card
- ___ CMTE Certification of Credit Units Earned
- ___ Certificate of Registration (photocopy)
- ___ 1 pc 1x1 ID picture
- ___ 2 pcs 2x2 ID picture
- ___ Renewal Fee Receipt / Number

 (Signature)
 Licensed Massage Therapist

Noted

 (Signature over printed name)
 CHD Program Coordinator