RRCO of Ontario
Reflexology Registration Council

Registration Form for Certified Reflexologists

Please Register Me As a Certified Reflexologist:

First Name: _____ Initial:_____ Last Name:_____

Address: _____Apt/Suite #:_____

City: _____ Prov.: _____ P.C.: _____

Res.Tel #: _____ Bus.Tel #: _____ Fax #: _____

Email: _____ Teacher: _____

I am certified by the:

- ☐ *Balnea Institute School of Complementary Therapies*
- ☐ *Blok's Hands of Healing*
- ☐ *Centennial College*
- ☐ *Cycles of Life - Cdn. School of Creative Therapies*
- ☐ *Haelen School for the Creative & Healing Arts*
- ☐ *Healing Arts Learning Organization*
- ☐ *Holt Reflexology School*
- ☐ *International Academy of Natural Health Sciences*
- ☐ *International Institute of Reflexology (Canada)*
- ☐ *Limestone School of Natural Healing*
- ☐ *Ontario College of Reflexology*
- ☐ *Reflexology Association of Canada*
- ☐ *Reflexology Training Ontario*
- ☐ *School of Complementary Therapies*
- ☐ *Touchpoint Institute of Reflexology and Kinesthetics*
- ☐ *Wholistic Therapies School*

Note: To be registered for each certificate earned (regardless of how many), a *photocopy* of **each** certificate must be enclosed with this application (or letter from the school).

RRCO's *Admissions & Certification Committee* is currently reviewing the curriculum of other schools of reflexology. The list of accepted schools will be expanded shortly.

To register, send a copy of your valid Reflexology certificate(s) and **$100.00** Cdn. ($75.00 renewal fee after 1st year) payable to:

R.R.C.O. Registrar's Office
P.O. Box 613
Collingwood, ON L9Y 4E8

1-877-THE-RRCO (1-877-843-7726)
or registrar@rrco-reflexology.com
www.rrco-reflexology.com

Office Use Only

Date Received	Amt. Paid	How Paid	Verify Sent	Verify Received	Memb. #	Rec. #	Date Sent