Washington State Department of Health
Board of Massage Credentialing
P.O. Box 47852
Olympia, WA 98504-7852
360-236-4700

Board of Massage
School Attestation for Retroactive Request

For the board to process your request for retroactive approval, you must submit three copies of each of the following:

- A completed application for massage program approval or apprenticeship program with supporting documentation.
- All school information from the year you are requesting retroactive approval to the current date to prove the massage program or apprenticeship was substantially the same.

Name of school requesting retroactive approval

Address

City | State | Zip Code

If you had a Washington State board-approved program which is now expired, please provide the following information:

Title | Length | Hours of program

Month and year of program expiration | Month and year for retroactive request

Attestation

As the massage program's registrar or authorized representative, I attest under penalty of perjury that the massage program or apprenticeship program seeking approval offered substantially the same curriculum and training from the retroactive date specified to the date of this application.

Printed name of school registrar or authorized representative

Signature | Date