



# Animal Massage Therapist Certification Application Packet

## Contents:

- 1. 649-001..... Contents List/SSN Information/Mailing Information..... 1 page
- 2. 649-002..... Application Instructions Checklist.....2 pages
- 3. 649-003..... Certification Requirements ..... 1 page
- 4. 649-004..... Animal Massage Therapist Certification Application.....5 pages
- 5. 649-005..... Jurisprudence Examination .....4 pages
- 6. 649-006..... Out-of-State Credential Verification Form.....2 pages
- 7. RCW/WAC and Online Website Links ..... 1 page

## Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. [42 U.S.C. § 666\(a\)\(13\); RCW 26.23.150](#). It will be used under the state’s child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you have questions.

## In order to process your request:

**Mail your application with initial documentation and your check or money order payable to:**

Department of Health  
P.O. Box 1099  
Olympia, WA 98507-1099

**Send other documents not sent with initial application to:**

Animal Massage Therapist  
Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877

## Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

(This page intentionally left blank.)

## Application Instructions Checklist

**Important background check Information:** Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms.

**Application Fee.** Fees are non-refundable. Check the online [fee page](#) for current fees.

**Check one:** Small animal certification or large animal certification.

**Select if the following applies:**

Spouse or Registered Domestic Partner of Military Personnel

**1. Demographic Information:**

**Social Security Number:** You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you do not have one.

**National Provider Identifier Number (NPI):** The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

**Legal Name:** List your full name: first, middle, and last.

**Definition of legal name:** “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

**Birth date:** Provide the month, day and year of your birth.

**Address:** List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

**Phone, Fax and Cell Numbers:** Enter your phone, fax and cell numbers, if you have them.

**Email:** Enter your email address, if you have one.

**Other Name(s):** Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

**2. Personal Data Questions:**

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority.

**3. Education:**

List in date order, most recent to later, your educational preparation and training. Attach additional pages if you need more space.

**4. Experience:**

List in date order, most recent to later, your professional experience and practice from the date you completed your program. Attach additional pages if you need more space.

**5. Other License, Certification or Registration:**

List all states where credentials are or were held. Attach additional pages if you need more space. An Out-of-State verification form for license, certification or registration is enclosed. You can contact the state licensing authority for information regarding fees for verification of credential.

**6. Applicant’s Attestation:**

You must sign and date this for us to process the application.

**For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:**

Under state law, if you are the spouse or state-registered domestic partner of a servicemember of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse’s or registered domestic partner’s military transfer orders to Washington State.
- One of the following:
  - A copy of your marriage certificate to show proof of marriage; or
  - A copy of a state’s declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

## Certification Requirements

To qualify for certification, you must:

**Education**

Successfully complete a three hundred hour training program approved by the secretary. Training includes instruction in general animal massage techniques, kinesiology, anatomy, physiology, behavior, first-aid care, and handling techniques. See [WAC 246-940-050](#).

**Official Transcripts:** Your transcripts must come directly to the Department of Health from the program where you completed the training.

**Large animals:** The three hundred hours of instruction must be related to the performance of animal massage on large animals;

**Small animals:** The three hundred hours of instruction must be related to the performance of animal massage on small animals;

**For certification in both large and small animals:**

You must complete the training for both.

**Examination**

Successfully complete a qualifying examination approved by the secretary.

**Large animals:** National Certification Examination for Equine Massage administered by the National Board of Certification for Animal Acupressure and Massage;

**Small animals:** National Certification Examination for Canine Massage administered by the National Board of Certification for Animal Acupressure and Massage.

- You must provide proof of successful completion of a certification examination. Contact the National Board of Certification for Animal Acupressure and Massage at <http://nbcaam.org/applicationprocedures.html>.

**Jurisprudence Examination**

Successfully complete the Washington State Animal Massage Jurisprudence Examination. Applicable statutes and rules may be accessed on our [website](#).

(This page intentionally left blank.)

Date  
Stamp  
Here

Revenue 0299100000

## Animal Massage Therapist Certification Application

I am applying for:     Small Animal Certification     Large Animal Certification

Select if the following applies:     Spouse or Registered Domestic Partner of Military Personnel

### 1. Demographic Information

<b>Social Security Number (SSN)</b> (If you do not have a SSN, see instructions)	<b>National Provider Identifier Number (NPI)</b> (Enter 10 digit number)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> X
---	---	--

Name	First	Middle	Last
------	-------	--------	------

Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County
------	-------	----------	--------

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
--------------------------	------------------------	-------------------------

Email address

Mailing address if different from above address of record

City	State	Zip Code	County
------	-------	----------	--------

Country

**Note:** The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)?     Yes     No    If yes, list name(s):

Will documents be received in another name?     Yes     No    If yes, list name(s):

## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

**The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

**“Currently”** means within the past two years.

**“Chemical substances”** include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

**“Currently”** means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care Therapist.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

**Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**



## 2. Personal Data Questions (cont.)

Yes No

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? .....
  - b. Diverted controlled substances or legend drugs? .....
  - c. Violated any drug law? .....
  - d. Prescribed controlled substances for yourself? .....
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? .....
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? .....
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? .....
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? .....
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)? .....

## 3. Education

List all of your educational preparation and training. Attach additional completed pages if you need more space.

Full name, city and state of schools attended	Degree earned	Attendance	
		Entrance date	Ending date

## 4. Experience

List all of your professional experience and practice from date you completed program. Attach additional pages if you need more space.

Name and location of institution	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Type of experience or specialty

## 5. Other License, Certification, or Registration

List all states where credentials are or were held. Attach additional pages if you need more space.

State/ Jurisdiction	Credential Type	Method Licensed			Credential	
		Exam	Endorse	Grandparented	Year Issued	Number

## 6. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the state of  
(Name of Applicant)

Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated \_\_\_\_\_ at \_\_\_\_\_  
(mm/dd/yyyy) (City, state)

By: \_\_\_\_\_  
(Original Signature of Applicant)

(This page intentionally left blank.)



Animal Massage Therapist  
Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## **Washington State Jurisprudence Examination for Animal Massage Therapist Certification**

1. Which of the following techniques is not within the scope of practice of a certified animal massage therapist?
  - a. Compressions.
  - b. Acupuncture involving the use of needles.
  - c. Swedish gymnastics or movements.
  - d. Connective tissue stretching.
  
2. Washington State certified animal massage therapists are required to maintain records of animal massage services for a minimum of:
  - a. Seven years.
  - b. Ten years.
  - c. Three years.
  - d. Eight years.
  
3. A certification to practice as an animal massage therapist must:
  - a. Be kept on the licensee's person at all times.
  - b. Be certified and kept on file at the licensee's county courthouse.
  - c. Be conspicuously displayed in the primary place of practice and a copy available when providing animal massage services at locations other than their primary place of practice.
  - d. Be on file with the licensee's employer.
  
4. Which of the following is considered unprofessional conduct?
  - a. Providing false information when applying for a license.
  - b. Misrepresentation or fraud in any aspect of the conduct of the business or profession.
  - c. False or misleading advertising.
  - d. All of the above.
  
5. When does a certified animal massage therapist renew their license?
  - a. Annually on the birth anniversary.
  - b. Every 2 years.
  - c. Every 3 years.
  - d. Every 5 years.

6. Unprofessional conduct by a certified animal massage therapist may result in:
  - a. Revocation or suspension of registration.
  - b. Remedial education.
  - c. Censure or reprimand.
  - d. All of the above.
7. If the certified animal massage therapist suspects that an animal has an injury or condition that may require veterinary care, the therapist must:
  - a. Examine the animal to determine the nature of the condition.
  - b. Recommend a course of treatment to the client.
  - c. Do nothing.
  - d. Advise the client of the suspected injury or condition and make a notation in the animal's record.
8. Records of animal massage services must include:
  - a. Name, address, and telephone number of the owner or authorized agent.
  - b. Name or other identification of the animal.
  - c. Description of the animal's condition and the nature of the massage services provided.
  - d. All of the above.
9. Which of the following is not required to be furnished to the client in the Client Information Form?
  - a. The animal massage therapist's qualification.
  - b. A description of the animal being treated.
  - c. A statement that the certified animal massage therapist is limited to providing massage solely for purposes of animal well being.
  - d. A statement that clarifies the services that may not be performed by a certified animal massage therapist.
10. Where is the Client Information Form maintained?
  - a. It is released to the client following animal massage services.
  - b. It is posted in the primary place of business.
  - c. A copy of the signed information form must be maintained in the animal's record.
  - d. There is no requirement to maintain the Client Information Form.
11. If the animal massage therapist certification has expired for more than five years, in addition to other standard requirements for reinstatement, a therapist must also:
  - a. Complete an additional 100 hours of training.
  - b. Submit verification of active practice in any other state or jurisdiction, or retake and successfully pass the examination required for original certification.
  - c. Complete six months of supervised experience under a currently certified animal massage therapist.
  - d. Complete an additional 25 hours of training.

12. Dishonest or unethical treatment of patients is deemed unprofessional conduct:
  - a. Depending on the license holders intent.
  - b. Whether or not a crime has been committed.
  - c. Only after harm or injury to patients has been demonstrated.
  - d. Only after criminal behavior has been established in a court of law.
13. Applicants for license must reveal:
  - a. All material facts.
  - b. Any past, current or future criminal charges or convictions.
  - c. Only violations of professional misconduct.
  - d. All information two years prior to application.
14. When the disciplinary authority requests information regarding a complaint, the license holder must:
  - a. Respond in person.
  - b. Obtain legal counsel.
  - c. Respond within five working days.
  - d. Furnish in writing a complete explanation.
15. An individual who in good faith files a complaint against an animal massage therapist charging unprofessional conduct is:
  - a. Immune from any civil or criminal action suit related to the complaint.
  - b. Required to appear in person at every hearing related to the complaint.
  - c. Entitled to the full refund of any payment for animal massage services rendered.
  - d. Entitled to compensation in the amount of the designated civil penalties.
16. A person may not practice as a certified animal massage therapist until:
  - a. They have completed 300 hours of training.
  - b. They have submitted an application to the Department for certification.
  - c. They are registered with the Department of Revenue.
  - d. They are issued an animal massage therapist certification by the secretary.
17. Once certified, an animal massage therapist may delegate any animal massage therapist service to another person as long as:
  - a. That person is located in the same office.
  - b. The person is under the immediate supervision of the certified animal massage therapist.
  - c. A certified animal massage therapist may not delegate services.
  - d. That person has completed 300 hours of training.

18. It is the responsibility of each therapist to maintain his or her correct name on file with the department. To change the name on file with the department, an individual must:
  - a. Submit requests in writing along with acceptable documentation, including a copy of a marriage certificate, divorce decree or court order of legal name change.
  - b. Send an email or fax to the department requesting a name change.
  - c. Write the name change on the renewal card when completing the annual credential renewal.
  - d. Telephone the department in person and advise of the name change.
19. Which of the following is considered unprofessional conduct:
  - a. Current misuse of alcohol.
  - b. Current misuse of controlled substances.
  - c. Current misuse of legend drugs.
  - d. All of the above.
20. Animal massage does not include which of the following:
  - a. Stroking.
  - b. Diagnosis of diseases.
  - c. Swedish gymnastics or movements.
  - d. Percussions.





Animal Massage Therapist  
Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Out-of-State Credential Verification

### To Applicant:

Please complete this side of form and send it to the state(s) and/or jurisdiction(s) where you are or have been credentialed. Instruct them to return the form directly to the address listed above. Make a copy of this form if you are or have been credentialed in more than one state and/or jurisdiction. Credentialing agencies normally charge a fee to verify a credential, please check in advance to help expedite this process.

Name:	Last	First	Middle
Mailing Address			
City	State	Zip Code	
Any other names used:			
Credential Number	Date Issued		

Have the licensing agency return this completed form to the above address.

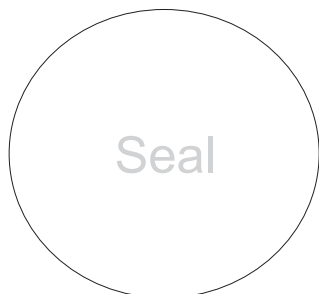
Please call 360-236-4700 if you have questions regarding this form.

# Out-of-State Credential Verification Cont.

(To be Completed by the Regulatory Agency)

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of credential holder:		
Authority providing verification: (state, name & title)		
Applicant was credentialed by:		
<input type="checkbox"/> Written Examination	Date:	Score:
Name of examination:		
<input type="checkbox"/> Other Examination	Date:	Score:
Name of examination:		
Is credential current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:	
Is this individual considered to be in good standing in your state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", please attach explanation.		
Has this credential ever been denied? <input type="checkbox"/> Yes <input type="checkbox"/> No Suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No Surrendered? <input type="checkbox"/> Yes <input type="checkbox"/> No Reinstated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", please provide a copy of the final order or other documentation of action taken.		
If this credential holder has been disciplined, has he/she successfully completed all requirements and is currently in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No		



\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Date:



## **RCW/WAC and Online Website Links**

### **RCW/WAC Links**

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Animal Massage Therapist Laws, RCW 18.240](#)

[Animal Massage Therapist Rules, WAC 246-940](#)

### **Online**

[Animal Massage Therapist Program, Web Page](#)