

Massage Credentialing PO Box 47877

Olympia, WA 98504-7877

360-236-4700

Instructor/Trainer Resume

A separate resume must be submitted for each instructor/trainer.

**Name**

|  |  |
| --- | --- |
| **Professional License Information** | |
| License Number |  |
| Original Issuance Date |  |
| Expiration Date |  |
| License Status |  |

|  |  |
| --- | --- |
| **Professional Education** | |
| List in date order all your educational preparation and post-graduate training. Attach additional pages if necessary. | |
| School Program Name | Date Degree or  Certificate Issued |
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| --- | --- |
| **Employment/Experience** | |
| List in date order all your employment and experience relevant to what you will be teaching in the program. Attach additional pages if necessary. | |
| Employer and Type of Experience | Dates Worked (mm/yy – mm/yy) |
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DOH 676-138 April 2022