

Massage School Transfer Program Application Packet Contents:

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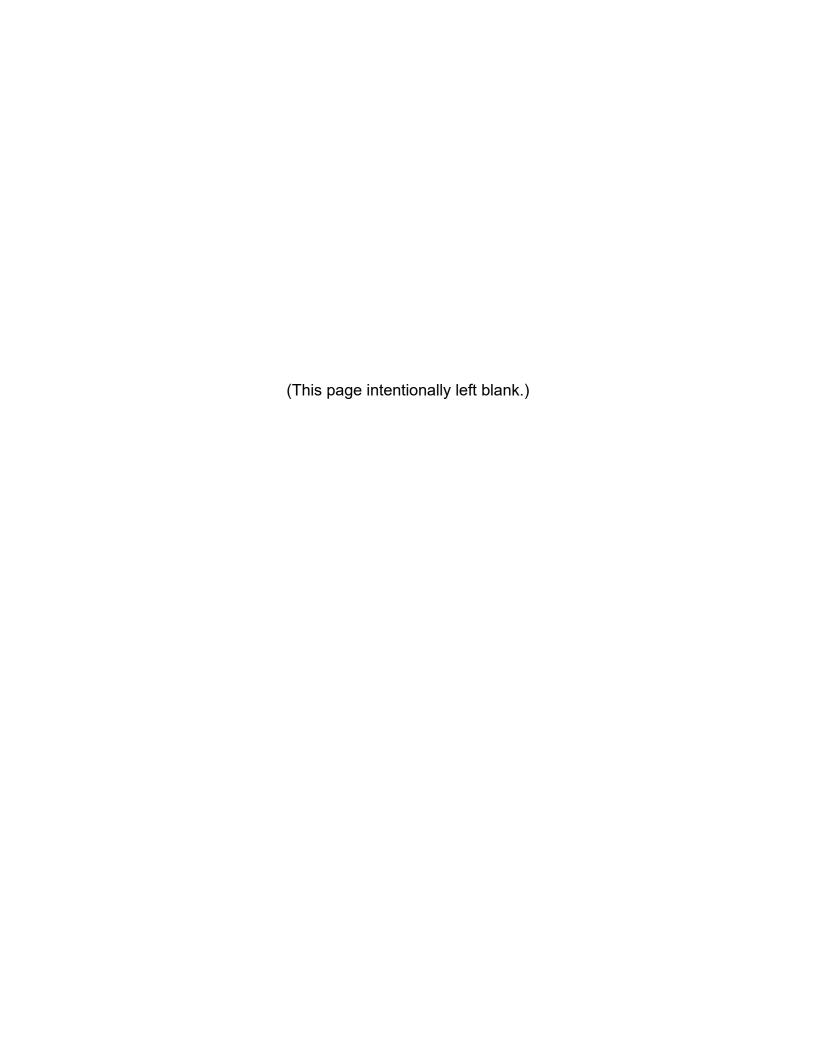
In order to process your request:

Mail your application and other documents to:

Board of Massage Training Program P.O. Box 47877 Olympia, WA 98504-7877

Contact us:

360-236-4700



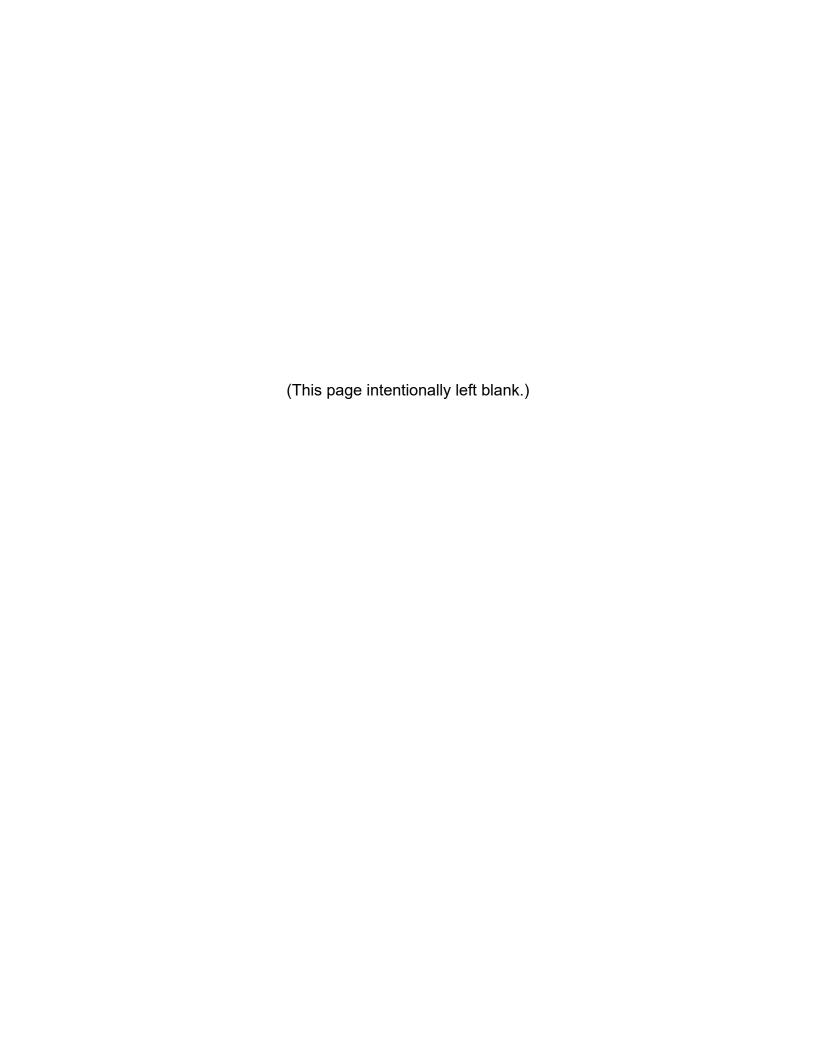


Application Instructions Checklist

All information should be printed clearly in blue or black ink. You will be notified in writing of any outstanding documentation needed to complete the process.

Use the following checklist to help guide you through the application.

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	Legal Entity Type: check your legal owner/operator business structure type according to your Washington State Master Business License. You can find additional information on the <u>Department of Revenue website</u> .
	1. Demographic Information: Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #s. City, county, and state government departments also have UBI #s.
	Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.
	Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.
	Mailing Address: Enter the owner's complete mailing address.
	School or Program Name: Enter the facility's name as advertised on signs, brochures, or Web site.
	Physical Address: Enter the facility's physical street location including city, state, zip code, and county.
	Phone, Fax and Cell Numbers: Enter the facility's phone, cell, and fax numbers.
	Mailing Address: Enter the facility's mailing address, if different than the physical address.
	Contact Email and Program Web Address: Enter facility's contact email and web site address.
	Authorized Representative Name: Enter the facility's authorized representative's name.
	Authorized Representative Phone and Email: Enter the authorized representatives email and phone.
	2. Program Information: Provide the requested information about the program offered.
	3. Program Representative Attestation: The authorized program representative must sign and date this application.





Date Stamp Here

Massage School Program or Apprenticeship Application						
Legal Entity Type						
Association	Limited Par		tnership		☐ Sole Proprietor	
☐ Corporation	☐ M	unicipality	y (City)	State Government Agency	
☐ Federal Government Agency		unicipality	y (Cou	ınty)	☐ Tribal Government Agency	
☐ Limited Liability Company	☐ Limited Liability Company ☐ No		on-Profit Corporation		☐ Trust	
☐ Limited Liability Partnership	☐ Pa	artnership)			
1. Demographic Information	tion					
UBI#			Federal Tax ID (FEIN) #		EIN) #	
Legal Owner/Operator Name						
Mailing Address						
City		State		Zip Code	County	
School or Program Name (Business na	ame as adve	ertised on	signs	or Web site		
Physical Address						
City		State		Zip Code	County	
Phone (enter 10 digit #)	Cell (enter	10 digit #	#)		Fax (enter 10 digit #)	
Mailing Address	I					
City		State		Zip Code	County	
Contact Email			Program/apprenticeship Web Address		ticeship Web Address	
Authorized Representative Name						
Authorized Representative Email			Auth	norized Repr	esentative Phone	

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2. Program Information	n:					
Provide the following information	about the program offered.					
Program Title						
Name of Certificate offered						
Maximum faculty to student ratio	In classroom	In student clinic or externship				
3. Program Represent	ative Attestation:					
I attest that I am the authorized representative of the above named school or program, and that I am submitting this application for approval by the Washington State Board of Massage in that capacity. I have received and become familiar with The Law Relating to Massage Therapy, RCW 18.108, along with Washington's Uniform Disciplinary Code RCW 18.130 and Washington's Administrative Code, Chapter 246-830. I have reviewed the board's standards for approval, and understand that this application will not be considered by the board if it is incomplete. I understand that a future site visit may be required. Once approved, any modification(s) to the program must be reported to the board within 60 days of the modification per WAC 246-830-420(9).						
Name of Authorized Representative	/e	Title				
Signature of Authorized Represen	tative	Date (mm/dd/yyyy)				

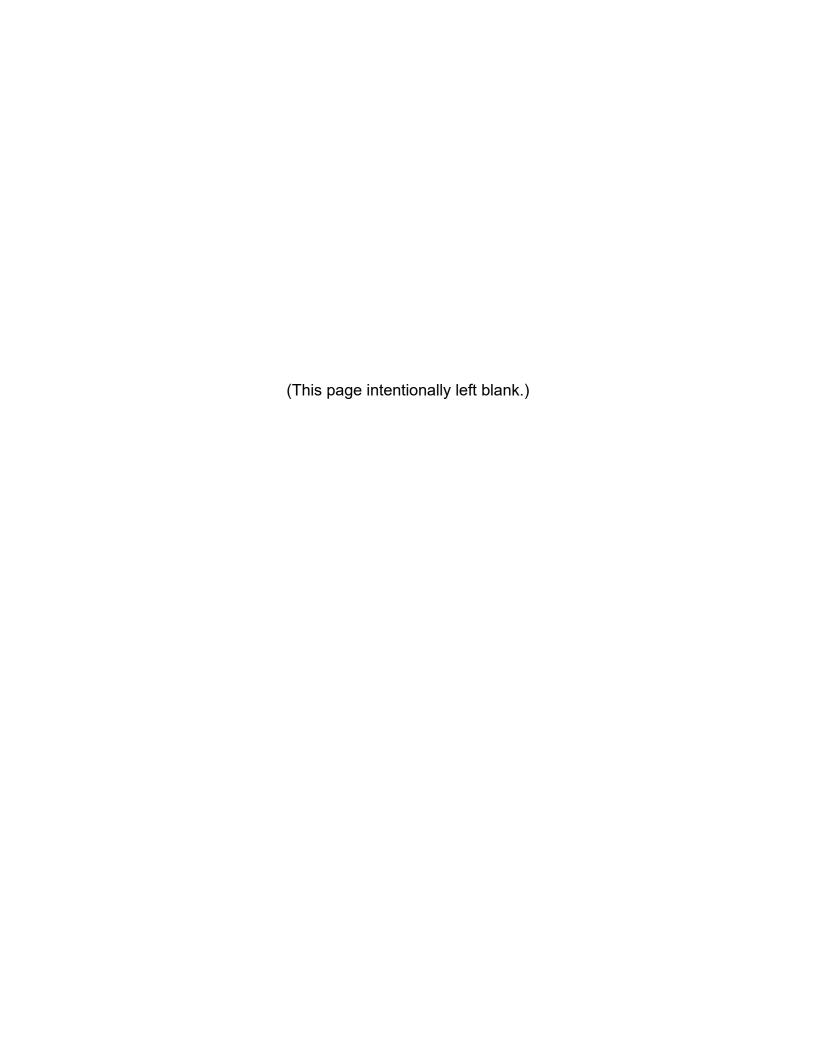
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Massage Credentialing P.O. Box 47877 Olympia, WA 98504-7877 360-236-4700

Massage School Transfer Program Application Table of Contents

pplication—Complete the Department of Health Application	Page 1
cademic Standards The school or program instructors, or apprentice trainer shall regularly evaluate the qualty of the instruction and require a clearly defined set of standards of competence and rogress for the students. Graduation from the program shall be dependent on mastery f the knowledge and skills presented.	Tab 1
. A clear statement of policy defining the minimum standards for measuring student progress.	Page #
 Copies of policies and procedures for: Admission (how you determine who can be admitted) Transfer of credits (how you determine hours/credits that can be transferred) Progression (how learning is measured) Graduation Withdrawal Dismissal (corrective measures used when a student is found not to be meeting minimum standards) 	Page #
Records Attendance records and education performance records are accurate and organized.	
. Sample transcript and certificate of completion	Page #
ligibility Vashington schools must have been approved by the Washington Workforce Training nd Education Coordinating Board (the Workforce) and the Washington State Board of Massage (the Board).	Tab 3
. Copy of Washington State Workforce Training and Education Coordinating Board Certificate or other states equivalency (if applicable).	Page #
. Copy of the Washington State Board of Massage program approval letter.	Page #





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

Online

Board of Massage, Web Page

Federation of State Massage Therapy Boards, www.fsmtb.org

Washington State Approved Massage Programs, School List

The National Certification Board of Therapeutic Massage and Bodywork