



Professional Licensing & Certification Unit
Massage Therapy Licensing Program
P.O. Box 149347, Mail Code 1982
Austin, Texas 78714-9347

(512) 834-6616

www.dshs.state.tx.us/massage

Massage Therapy Educational Program Application for Basic 500-Hour Program

INSTRUCTIONS

1. Read the law and rules before completing the application.
2. **Please complete and submit this application with the appropriate original signatures. Documents with copied or stamped signatures are not acceptable. Incomplete applications will delay licensure.**
3. This application is for the 500-hour basic program only. Additional locations require a separate application.
4. **Fee Information**
Attach the appropriate application fee in the form of a **money order, personal check, or cashier's check** to the application.
 - **Massage Therapy Educational Training Program**
Initial license and inspection fee (initial program - 2 year approval): \$2805.00
5. Mail the completed application with the application fee, financial statements, and all required documentation to:

Texas Department of State Health Services
Massage Therapy Licensing Program
P.O. Box 12197
Austin, Texas 78711-2197
6. If additional clarification is required, please contact the Massage Therapy Licensing Program at (512) 834-6616.

Change of Ownership

(refer to rule §140.335)

If nothing within the school will change other than the ownership, please submit the following:

1. A new Massage Therapy Educational Program application and required fees, (currently \$2805.00)
2. The new owner's financial statements,
3. A letter, signed by the new owner, stating nothing will be changing or affect the training program with the new ownership, and
4. A copy of the catalog for the new training program listing the new owner(s), and changes in staff (director(s) and instructor(s)).

If the new ownership will be making changes, please complete and submit an application for a Massage Therapy Educational Program and follow the instructions.

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**Massage School
Application for Basic 500-Hour Program**

Type or print legibly. Incomplete applications will not be evaluated. Use N/A for “not applicable”.

General Information

1. Legal Name of the Training Program: _____

2. Name of Contact Person/Liaison (if different from owner/director): _____

3. Training Program Address: _____

4. Training Program Complete Mailing Address: _____

5. Training Program Telephone Number (including area code): _____

6. Training Program Fax Number (including area code): _____

7. Type of ownership: _____ Partnership _____ Corporation _____ Other

If other, please explain: _____

8. Name of owning individual, partnership, (or names of partners), or corporation:

9. Registered address if corporation: _____

10. Complete address of partnership or individual owner:

11. List all partners. If this is a corporation, list all officers, directors and registered agents. In addition, list each shareholder owning stock aggregating at least 35% of the total issued and outstanding shares. **Subsidiary corporations should list the parent corporation as stockholder. (Use an additional sheet if necessary, and identify as Attachment A.)**

Name	Title	Address	% Owned

Required Information and Documents

- A. Please see the attached Checklist for the list of documents to submit with this application.
- B. The following documents (1-14) must be maintained at the training program in current status and must be available at this location for review during the initial visit and during each compliance visit.
1. A certificate of occupancy and current fire inspection certificate. The fire inspection must be renewed annually.
 2. A rental or lease agreement for the school facilities. If the facilities are owned by the training program owner, submit a statement to that effect. Name, address, and phone number of lessor/owner must be available.
 3. A rental or lease agreement for any equipment used for instruction not owned by the training program, or if all equipment used for instruction is owned, a statement to that effect.
 4. A description and floor plan of the training program facilities, including room numbers, dimensions of rooms, pupil capacities, and uses of the rooms.
 5. An inventory of furniture, equipment, and instructional aids used in the classroom and/or other areas where instruction is provided.
 6. A list of current textbooks including title, author, and copyright date.
 7. One sample of each kind of certificate/diploma/transcript to be awarded upon satisfactory completion of training.
 8. A description of the school's system of maintaining a positive record of attendance. As a minimum, explain:
 - a. the symbols used to indicate presences, absences, and tardies;
 - b. when attendance is recorded;
 - c. the use made of class roll books and/or other attendance forms; and
 - d. the maintenance of permanent attendance records.
 9. The actual forms to be used by the training program to record attendance, progress, master student registration list, and transcripts.
 10. A written record of the previous education and training of each student which clearly indicates that appropriate credit has been given for previous education and training, with the new training period shortened where required and the program cost reduced accordingly. Official transcripts of all previous postsecondary institutions attended by the student must be placed in the student file with a written evaluation from the Department.
 11. A written record of the receipt of enrollment agreements.
 12. An academic transcript, which reflects permanent academic records, must be maintained.
 13. **After Initial Visit**
 - a. Each training program shall maintain a legible Master Student Registration List kept in chronological order and consisting of at least the following information for any person who signs an enrollment agreement, makes a down payment, and/or attends the school:

1. Date	5. Social Security Number
2. Name of Student	6. Date of Birth
3. Address of Student	7. Name of Program
4. Telephone Number	
 - b. If the student does not sign an enrollment agreement or make a down payment prior to the first day of attendance, the student's name will be added to the master registration list on the first day of attendance; and
 14. The school will maintain, on a current basis, a list of all representatives employed to recruit students. Representatives will not be permitted to solicit students prior to licensure of the school.

STATEMENTS OF ASSURANCE

Please read and initial each of the following statements of assurance.

- _____ The programs are of such quality, content, and length as may reasonably and adequately achieve the stated objective for which the programs are offered. Nothing in the programs authorize the practice of diagnosis, the treatment of illness or disease, or any service or procedure for which a license to practice medicine, chiropractic, physical therapy or podiatry is required by law.
- _____ The Texas Department of State Health Services Massage Therapy Basic Curriculum Course Outline will be followed for the basic 500 hour course and the training program has been provided a copy.
- _____ There is adequate space, equipment, instructional material, and instructor personnel to provide training in accordance with the rules.
- _____ Education and experience qualifications of the directors and instructors meet the minimum requirements.
- _____ The training program will furnish the pre-enrollment information, offer a tour, a receipt form, and acknowledgment as described in Rule §140.341 to each student, prior to execution of the enrollment agreement.
- _____ The training program complies with all local, state, and federal regulations, such as fire, building, and sanitation codes.
- _____ The training program is financially stable and capable of fulfilling its commitments for instruction.
- _____ A Master Student Registration List will be maintained.
- _____ Adequate records as prescribed by the rules will be kept to document attendance and student progress. Satisfactory standards relating to attendance, progress, and conduct will be enforced.
- _____ The training program will maintain student academic transcripts which record academic records permanently and will retain all other student records for at least three (3) years from the last date attended for all students who graduated, dropped out, or transferred. Financial records will be retained as required by federal retention requirements, if applicable.
- _____ Transcripts will be available to prospective employers and to students at a reasonable charge if the student has fulfilled the financial obligation to the training program. The transcript shall include only subjects actually taught by the training program.
- _____ A current list of all representatives employed to recruit students will be maintained.
- _____ The training program will make available all of the records, documents, and necessary data required for approval under the Texas Occupations Code, Chapter 455, for inspection by authorized representatives of the Texas Department of State Health Services.
- _____ The training program will submit to the Texas Department of State Health Services prior notice of proposed changes in location, new programs, application, bulletin, supplements, addenda, and exhibits.
Approval must be obtained in advance of implementation.
- _____ The training program will not utilize false, deceptive, or misleading advertising, either by actual statement, omission, or intimation.
- _____ There is no action pending against the training program or against any of the owners, officers, staff, faculty, or sales representatives of the training program by any federal, state, or local agency. A statement of all misdemeanor and felony offenses of which the owners or operators have been convicted, entered a plea of nolo contendere or guilty, or received deferred adjudication must be included.

OWNER'S AFFIDAVIT

Pages 5 , 6 and 7 of this form must be executed and submitted by each of the following: (Photocopy if necessary)

1. The individual person, in the case of individual ownership;
2. Each partner, in the case of ownership by a partnership;
3. Each shareholder, owning at least 35% of the total issued and outstanding shares, each director, and each officer in the case of ownership by a profit corporation; or
4. Each director, in the case of ownership by a non-profit corporation (each director or officer of the corporation).

Legal Name of the Training Program: _____

Training Program Address: _____

Position: _____

Name: _____
(Last) (First) (Middle)

Maiden Name: _____ (If Applicable)

Social Security Number: _____

The disclosure of a social security number by an applicant is mandatory under the Family Code, Section 231.302 and the Health Insurance Portability and Accountability Act of 1996, Section 221. Social Security numbers are confidential and will be used for identification and reporting purposes by law.

Date of Birth: _____

Business Address: _____
(Street, City, State, Zip)

Home Address: _____
(Street, City, State, Zip)

Daytime Phone (Include Area Code)

Home Phone (Include Area Code)

With few exceptions, you have the rights to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023, 559.003 and 559.004.)

Please answer the following questions. If a question does not apply, enter "Not Applicable". Do not leave any space blank. Use additional sheets if necessary to answer questions.

1. List all other states in which you have operated a training program.

2. List all proprietary and/or massage training programs in which you have held an ownership interest of at least 35% or by which you have been employed in any capacity whether in or out of this state.

3. If you have ever had a diploma, credential, license or certificate of any kind denied, revoked, or suspended, or if you have held an ownership interest of at least 35% in, or been employed by, any proprietary training programs whose credentials, license, or certification has been denied, revoked, or suspended, **please state the facts here.**

4. If you have ever been convicted of a felony or a misdemeanor other than a minor traffic violation, **please state the date, court, offense, and punishment.**

AFFIDAVIT

The individuals named below duly sworn, depose and say that the information in this application and accompanying information is true and correct to the best of their knowledge and belief. Further, the training program will be operated in compliance with all legal requirements. Any deficiencies will be corrected and changes in the operation will not be made until written approval from the Texas Department of State Health Services is received, if required by the rules.

Signature of each individual owner, or each partner, (if a partnership), or each director (if a corporation) is required. If applicant is another type of business entity, the Texas Department of State Health Services shall identify signatures needed.

(Signature)

(Typed Name and Title)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

STATE OF _____ COUNTY OF _____, WHERE WITNESSED.

MY COMMISSION EXPIRES _____.

(Notary Seal)

SIGNATURE OF NOTARY

CHECKLIST

**Please submit the following documents with this application.
We may request additional information to ensure compliance with the rules.**

1. Business and Financial documents (if applicable)
 - Incorporation documents
 - Business license
 - Franchise Tax Letter
 - Sales Tax Permit
 - Financial statements as required by §140.334(a)(1)
 - Estimate of expenses for three (3) months

2. School documents – the items below should contain all statements, policies and standards required by rule §§140.330-140.351
 - Catalog
 - Enrollment Agreement
 - Student Acknowledgement forms
 - Master Registration form
 - Attendance forms
 - Progress Report forms
 - Make-up forms
 - Sample Transcript
 - Sample Initial Consultation Document (for use during internship)
 - List of instructors
 - Copies of instructor licenses

3. Site documents (must also be available during site inspection)
 - Signed lease agreement
 - Detailed floor plan
 - List of all equipment by name
 - Fire Marshall Inspection Report
 - Certificate of Occupancy
 - Chain of command letter

4. Any additional items the school proposes to use, such as:
 - Handbooks
 - Manuals
 - Handouts that supplement textbooks
 - Forms not listed above

NOTE: Submit one (1) copy of the drafts of training program catalog, forms, etc., which are used to complete this checklist. Do not submit final printed copies until you have been notified of the approval status of the documents submitted with this checklist.