

**STATE OF FLORIDA
BOARD OF MASSAGE THERAPY**

**APPLICATION FOR
MESSAGE THERAPY SCHOOL APPROVAL**



**Board of Massage Therapy
4052 Bald Cypress Way, Bin # C-06
Tallahassee, FL 32399-3256
(850) 488-0595**

WWW.FLHEALTHSOURCE.COM

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SECTION II: INSTRUCTIONS

1. Section 1 - GENERAL INFORMATION

Please complete this section in its entirety.

2. Section 2 - PROOF OF LICENSURE BY THE FLORIDA DEPARTMENT OF EDUCATION OR ITS EQUIVALENT IN ANOTHER STATE

Please provide proof that your institution is licensed by the Florida Department of Education or an equivalent agency in another state.

3. Section 3 - COPY OF PROGRAM CURRICULUM, COURSE CATALOG OR COURSE DESCRIPTIONS

Please be specific. The Board will approve or deny your request based on the information that you submit. Rule 64B7-32.003, F.A.C., lists the courses required and the number of hours required in each subject for a graduate to be eligible for licensure in Florida. Be specific as to the course title, content and number of credit hours. You may offer more hours than the State of Florida requires, but NOT LESS.

The course of study should be completed at the rate of no more than six (6) classroom hours per day and no more than thirty (30) classroom hours per calendar week.

4. Section 4 - COPY OF SAMPLE TRANSCRIPT AND DIPLOMA

Your transcript must include the subject matter, the number of **clock hours** of instruction given, passing grades in all courses, start date and a date of graduation as specified in Rule 64B7-32.002 F.A.C. You may show an additional breakdown of subject content and hours if you choose. However, when a transcript is received from your school the Board office must clearly be able to discern whether your student has completed the required hours without having to interpret any information. Please complete the included program hour requirement worksheet.

Please note: At this time, we do not review transcripts which contain only credit hours. If your institution provides graduates with credits rather than clock/classroom hours, you must provide a clock hour summary or breakdown on the official transcript that is submitted for purposes of Florida licensure.

SECTION 1

GENERAL INFORMATION

APPLICATION MUST BE TYPED OR PRINTED NEATLY

NAME OF SCHOOL: _____

CAMPUS ADDRESS: _____ Suite/Apt. No. _____

City _____ State _____ Zip _____ Country _____

MAILING ADDRESS: _____ Suite/Apt. No. _____

Same as campus address

City _____ State _____ Zip _____ Country _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

WEB-SITE ADDRESS: _____

NAME OF OWNER/DIRECTOR: _____ TELEPHONE: _____

E-MAIL ADDRESS: _____ (optional)

NAME OF CONTACT (if different): _____ TELEPHONE: _____

E-MAIL ADDRESS: _____ (optional)

A. Are you a Public or Private school? _____

B. Will you offer a diploma, AS Degree or OAS Degree to your graduates? _____

I understand that the information provided as part of this application is accurate, and that, if approved I agree to abide by the requirements set forth in the rules established by the Board of Massage Therapy in Chapter 64B7-32, F.A.C., Board Approved Massage Therapy Schools.

Signature - Owner/Director

Date

Important note - After approval, any changes in curriculum, address and/or ownership must be submitted to and approved by the Board of Massage Therapy within 90 days of the change or board approval can be withdrawn.

SECTION 2

Please attach proof that your school is licensed by the Florida Department of Education or equivalent licensing authority in another state.

SECTION 3

Attach copy of your curriculum and catalog or course descriptions.

SECTION 4

Attach copy of your sample transcript and diploma and complete the included program hour requirement worksheet.

School Name: _____

Campus Location: _____

On the following table, please indicate which courses your program will be using to fulfill the hourly requirements as required by Rule 64B7-32.003, F.A.C.

Required Course Hours	Required Course of Study	Courses That Fulfill Requirements Provide Course Title, Course Number <u>and</u> Number of Hours Counting toward Required Course Hours	Number of Hours Counted Toward Required Course Hours
150	Anatomy and Physiology		
100	Basic Massage Theory and History		
125	Clinical Practicum		
76	Allied Modalities		
15	Business		
15	Theory and Practice of Hydrotherapy		
10	Florida Laws and Rules		
4	Professionals Ethics		
3	HIV/AIDS		
2	Prevention of Medical Errors		

Signature – Owner/ Director

Date