

Sponsoring Massage Establishment

This form is to be completed by the sponsoring massage establishment owner. Return the original completed form to the Board office at the address below.

- A. Is your establishment equipped with tables for massage therapy? Yes No
- B. Is your establishment equipped with linen and storage areas? Yes No
- C. Is your establishment equipped with Hot and Cold packs? Yes No
- D. Is your establishment equipped with textbooks and teaching material on the following subjects?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Physiology |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Anatomy |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Theory of Massage |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hydrotherapy |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Statutes and Rules on Massage Practice |

- E. Will the apprentice be instructed in colonic irrigation? Yes No
(If "Yes", the following must be answered)

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is your establishment equipped with sterilization equipment? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are disposable colonic attachment utilized? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is a textbook on the subject of colonic irrigation kept on the premises? |

- F. Has the massage establishment, or owner, ever been convicted of a crime related to the practice of massage therapy, regardless of adjudication, or has the massage establishment license ever been disciplined, in any jurisdiction? If yes, please list and attach on additional sheets, the dates, jurisdiction, offense, disposition, and all other relevant information Yes No

You will be inspected based on the above items. If you cannot answer "Yes" to all applicable questions, you are urged to make immediate changes in order to pass inspection or delay the application for this apprentice until your facility is able to pass inspection.

I, _____, certify that _____,
(Name of establishment owner) (Name of Sponsor)

employed at _____ establishment license # MM _____
(Name of Establishment)

located at _____
(Street Address, City, State, Zip Code, Phone #)

has my approval to sponsor an apprentice at the above named establishment.

Signature of Establishment Owner

Name of Establishment Owner

Please mail to: Florida Board of Massage Therapy,
4052 Bald Cypress Way, Bin C06,
Tallahassee, FL 32399-3256