Division of Professional Licensing
UTAH DEPARTMENT OF COMMERCE

Notice of Disassociation of

Select one: ☐ **Massage Apprentice**[1]
☐ **Massage Assistant-in-Training**[2]

NOTE: [1] *Utah Admin. Code R156-47b-302c(6)(e) requires the supervising massage therapist and apprentice massage therapist to notify DOPL within 10 days of the termination of the apprenticeship program.*
[2] *Utah Admin. Code R156-47b-302d(7)(e) requires the supervising massage therapist and massage assistant in-training to notify DOPL within 10 days of the termination of the massage assistant in-training program.*

I understand that in all areas of this form the term Trainee means Massage Apprentice or Massage Assistant-in-Training.

Clear Form

TRAINEE INFORMATION

Trainee Name: _____ **License Number:** _____

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ **State:** _____ **Zip:** _____

Phone: (_____)_____– _____ **Email:** _____

SUPERVISOR

Supervisor Name: _____ **License Number:** _____

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ **State:** _____ **Zip:** _____

Phone: (_____)_____– _____ **Email:** _____

DISASSOCIATION REQUEST

Effective Date of Disassociation: _____

Individual Submitting Disassociation Notice: ☐ Trainee ☐ Supervisor

Reason for Disassociation:

- ☐ Completed required training and passed all required examinations for licensure.
- ☐ The trainee is no longer pursuing massage education
- ☐ The trainee is requesting a new supervisor (new supervisor form must also be submitted)
- ☐ Transitioned to formal education
- ☐ Other- include a summary below:

Program Start Date: _____ End Date: _____
MM/DD/YYYY *MM/DD/YYYY*

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COMPLETED TRAINING

Please list the total number of education hours that the trainee has completed in each of the following categories (Total required hours are found in the Massage Therapy Practice Act Rule):

_____ **Anatomy & Physiology** or **Anatomy, Physiology, & Kinesiology**

_____ **Pathology**

_____ **Massage Theory**

_____ **Massage Techniques** including the five basic Swedish massage strokes

_____ **Hands-on Instruction**

_____ **Professional Standards, Ethics, & Business Practices**

_____ **Sanitation & Universal Precautions** including CPR and First-aid

_____ **Massage Client Services**

_____ **TOTAL HOURS OF ALL TRAINING**

ATTESTATION

I understand that the trainee-supervisor relationship listed on this form will be terminated within 30 days from the date of this form's submission.

I understand that if a new supervisor is not approved within 30 days from the date of this form's submission the trainee license will be cancelled and a new application will be required.

I understand that the submission of *all* logs, from each supervisor associated with the trainee, will be required for licensure as a Massage Therapist or a Massage Assistant.

I also understand that it is unlawful to obtain any massage therapy training unless under the direction of a Division of Professional Licensing approved Massage Therapist.

Massage Apprentice or **Massage Assistant-in-Training**.

Trainee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

In the event that both the **Trainee** and **Supervisor** signatures are unable to be obtained for this request, you must provide a statement below including any known reason they will not agree and/or any attempts made to obtain their signature.

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PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit https://dopl.utah.gov/records

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Signature:_____ Date: _____