

## Verification of Completion of Massage Therapist Education Program

To be submitted by applicants who completed an approved formal education program consisting of not less than 600 hours of training and meeting the education requirements outlined in R156-47b-302. If your program was at least 500 hours but does not meet the requirements of R156-47b-302, and you do not qualify for licensure by endorsement, you must complete this. See the form for additional requirements.

### APPLICANT INFORMATION: (to be completed by the applicant)

Full Legal Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EDUCATION: (To be completed by the Official Program Representative..)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Please list the total number of hours of training in each of the following categories:

**Anatomy, Physiology and Kinesiology** (required 125): \_\_\_\_\_

**Pathology** (required 40): \_\_\_\_\_

**Massage Theory**

(including the 5 Basic Swedish Massage Strokes and hands on instruction; required 285): \_\_\_\_\_

**Professional Standards, Ethics, and Business Practices** (required 35): \_\_\_\_\_

**Sanitation and Universal Precautions** (including CPR and First Aid; required 15): \_\_\_\_\_

**Clinic** (required 100): \_\_\_\_\_

Other, (Please specify below and use additional sheets if necessary): \_\_\_\_\_

Please specify other: \_\_\_\_\_

**TOTAL HOURS OF ALL TRAINING:** \_\_\_\_\_

### ATTESTATION:

By signing below, I certify that the applicant named above has successfully completed a program of education and training as outlined in [Utah Admin. Code R156-47b-302](#). I further certify that the applicant is qualified and competent to practice as a licensed massage therapist.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of School: \_\_\_\_\_ School License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(School Seal)

**SCHOOL OFFICIAL:** Please affix the school seal to the left, **attach a COPY of your Letter of Accreditation** and place this form in an envelope with the school seal over the envelope flap.

Please provide completed envelope to the applicant to include with their application or send to DOPL [from the school](#) by mail or email to [b9@utah.gov](mailto:b9@utah.gov).