

Massage Assistant-in-Training Supervisor

MESSAGE APPRENTICE INFORMATION

Assistant-in-Training Name: _____
First Middle Last

Massage Assistant-in-Training License Number (if available): _____

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

Phone: (____) _____ – _____ Email: _____
Note: All Division notices and communication will be sent to this email.

Training Curriculum: _____

MESSAGE THERAPIST SUPERVISOR INFORMATION

Supervisor Name: _____
First Middle Last

Massage Therapist License Number: _____

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

Phone: (____) _____ – _____ Email: _____

Facility Name: _____ Reg. Number: _____

Address: _____ City: _____ State: _____ Zip: _____

AFFIDAVIT AND RELEASE

I understand I may not supervise more than four Assistants-in-Training at one time.
I understand I must adhere to the approved curriculum.
I understand the Assistant-in-Training license is valid for 6 months with no ability to renew.
I understand I must serve as the sole supervisor for the listed Assistant-in-Training and I cannot allow another massage therapist to supervise the Assistant-in-Training.
I understand I must follow all requirements under [Utah Administrative Code R156-47b-302d](#).
I understand that I am responsible for the activities and services performed by the Assistant-in-Training.

I certify that I am licensed in good standing and have engaged in the lawful practice of massage therapy for not less than 3,000 hours. I certify that I will supervise the above-named Assistant-in-Training in a program that meets the requirements of [Utah Administrative Code R156-47b-302d](#).

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

Signature of Supervisor: _____ Date: _____