

## Verification of Completion of a Massage Apprenticeship Program

To be submitted by applicants who completed an approved apprenticeship program. If you completed an apprenticeship program outside of Utah, and do not qualify for licensure by endorsement, you must complete this form and the Verification of Licensed Practice as a Massage Therapist. See the form for additional requirements.

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

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

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

### APPRENTICESHIP: (To be completed by approved Instructor)

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** (required 50): \_\_\_\_\_

**Massage Techniques** (including the 5 Basic Swedish Massage Strokes; required 120): \_\_\_\_\_

**Massage Client Services** (required 300): \_\_\_\_\_

**Hands on Instruction** (required 310): \_\_\_\_\_

**Professional Standards, Ethics, and Business Practices** (required 40): \_\_\_\_\_

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

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 an Apprenticeship program of education and training as outlined in [Utah Admin. Code R156-47b-302c \(5\)](#). 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: \_\_\_\_\_ License Number: \_\_\_\_\_

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

*Please place this form in an envelope and sign over the envelope flap.*

*Please send the sealed envelope directly to DOPL or provide it to the applicant to include with their application*