

Verification of Completion of Massage Assistant-in-Training Program

To be submitted by applicants who completed an approved formal education program consisting of not less than 300 hours of training and meeting the education requirements outlined in R156-47b-302d.

APPLICANT INFORMATION: (to be completed by the applicant)

Full Legal Name: _____ DOB: ____ / ____ / ____
First Middle Last

Assistant-in-Training License Number: _____ Issue Date: _____
Mark N/A for school program

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:

150 hours of direct-supervision, face-to-face, training including:

Anatomy and Physiology (40 hours minimum): _____
Pathology (20 hours minimum): _____
Massage Theory (10 hours minimum): _____
Massage Techniques (including the 5 Basic Swedish Massage Strokes 40 hours minimum): _____
Hands-on instruction in chair massage, body wraps, aromatherapy, and reflexology; with associated tools and techniques (30 hours minimum): _____
Professional Standards, Ethics, and Business Practices (5 hours minimum): _____
Sanitation and Universal Precautions (including CPR and First Aid; 5 hours minimum): _____

150 Hours of indirect supervised training:

Client Services (performed on the public; 150 hours minimum): _____

TOTAL HOURS OF ALL TRAINING (300 HOURS MINIMUM): _____

INSTRUCTOR ATTESTATION:

By signing below, I certify that the applicant named above has successfully completed a program of Massage Assistant training as outlined in [Utah Admin. Code R156-47b-302d](#).

I further certify that the applicant is qualified and competent to practice as a licensed massage assistant.

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

Signature: _____ Date: _____

Printed Name: _____ License Number: _____

Name of Massage Facility: _____

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

If training was from a recognized Massage School, please affix the school seal here

LMT Instructor: Please place this form in an envelope and sign over the envelope flap.

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 or instructor by mail or email to b9@utah.gov](mailto:b9@utah.gov).