Instructions for Initial Massage Therapist License Application

1. Please read and review the Board’s regulations governing Individual Licensure at CMR 3.00 and/or visit the Board’s website at http://www.mass.gov/ocabr/licensee/dpl-boards/mt/regulations/269-cmr/269-cmr-200-definitions.html

2. If you are ineligible for a Social Security Number, contact the Board for instructions.

3. Regarding Question #4, the address that you choose as your mailing address is public record and will be released to anyone upon request. If you select the business address option, please include the business name.

4. You must be 18 years old and a high school graduate, or its equivalent.

5. If you answered “yes” to Question(s) #8, a certificate of standing is required for every professional license listed, including from every out-of-state licensure jurisdiction(s). Certificates are required for all licensure status including lapsed, expired, etc. Contact the appropriate licensing authority/jurisdiction(s) and have the document mailed to you for inclusion with your application. Please maintain the official statement(s) in the unopened, jurisdiction-sealed envelope(s) to accompany your application. The document may also be mailed directly to the Board. (Certificate of standing is not required if professional license is held within the Division of Professional Licensure)

6. Regarding Question #13, you must list all offenses including OUI, DUI, and Operating after/with suspended license or registration. Dispositions of “continued without finding” (“CWOF”) or “admission to sufficiency of facts” must be reported. Do not include minor traffic offenses.

7. Both the application and checklist pages of this application must be notarized.

8. You must obtain an official transcript from your Massage Therapy training program and include the still-sealed envelope with your application. You must also include a completed Transcript Analysis form and supporting documents with your application including all detailed course descriptions and full breakdown of the clock hours for each course, if noted as credit hours on official transcripts.

9. Two signed letters of reference must accompany your application. One letter must be from an employer in the massage therapy or medical field, massage therapy educator, massage therapist, or health care provider with whom you have had a professional relationship and should address your competence and integrity. The other letter may be from any unrelated person who can comment favorably upon your professional integrity.

10. You must provide a copy of the insurance policy declarations page that indicates the amount and effective date of coverage. The policy must be in your own name and provide for a minimum of at least $1,000,000 per occurrence and at least $1,000,000 aggregate. The Board cannot make recommendations about insurers; however, professional associations are usually a good source of information. See the Board’s web site for links.

11. Include a check or money order for $225.00 in U.S. funds made payable to the Commonwealth of Massachusetts. The fee is not refundable. Please note that your application will not be processed without the correct fee. The initial fee includes both application processing and your first license.

12. Mail the complete application package to: Board of Registration of Massage Therapy, 1000 Washington Street, Suite 710: Individual Licensure, Boston, MA, 02118-6100.

13. Please allow 4-6 weeks for processing. You will be contacted via e-mail if further information is required. If you do not have an e-mail address, you will be contacted by postal mail; but this may take longer.

14. If you have any additional questions, please contact the Board via e-mail: wendy.solis@state.ma.us or feiyan.h.chen@state.ma.us or by phone: (617) 727-0054.

15. Please keep this instruction page for reference.
INITIAL MASSAGE THERAPIST LICENSE APPLICATION

1. Applicant Name: ____________________________________________
   Last               First               Middle

   Maiden Name/Other Name: ____________________________________

2. Permanent Address: _________________________________________
   No.                Street               Apt. #

   City/Town                State               Zip Code

3. Business Address (If Applicable): ___________________________
   No.                Street               Apt. #

   City/Town                State               Zip Code

4. Which address should appear on your license? Permanent □ Business □

5. E-mail: ___________________________________________________
   Please note: EMAIL will be the primary means of contact for routine correspondences during the application process.

6. Telephone Number-Day: ___________________________ Evening:

7. Educational Background:
   High School Name: ___________________________ Location: ___________ Year: ______

   Massage Therapy School: _______________________ Location: ___________ Year: ______

8. List all professional licenses/certifications you have held in the United States, or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued. Enclose all certificate of standing from each profession in which you have been licensed/certified, indicating the status of your license and any disciplinary information. __________________________________________

9. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: □ No: □
   If yes, please state the details (use a separate sheet if necessary): __________________________________________________________

10. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: □ No: □
    If yes, please state the details (use a separate sheet if necessary): _______________________________________________________

11. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: □ No: □
If yes, please state the details (use a separate sheet if necessary):____________________________________________________

12. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary):____________________________________________________

13. Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than $200.00 was assessed? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary):____________________________________________________

NOTE: The Board has received certification by the Criminal History Systems Board (ID# MAREG G) to access data about convictions and pending criminal cases. Your signature on this application allows the Board to conduct criminal background checks for conviction, non-conviction, and pending criminal case information only, on an ongoing basis, and that it will not necessarily disqualify you from licensure (or later license renewal). Other Federal and professional records may also be checked. The Board will not deny you a license (license renewal) based on criminal information prior to giving you an opportunity for a limited appearance before the Board.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Massage Therapy to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c.62C, §49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

Signature of applicant
____________________________________________________
Date

ID THEFT INDEX PIN: ____________ 1

Place a 2” by 2”
original photo of yourself in this box.

On this ____ day of __________, 20__, before me, the undersigned notary public, personally appeared __________________________ (name of document signer), proved to me through satisfactory evidence of government issued identification, which was/were _______________________, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

_____________________________________________ My commission expires ____________
Signature of Notary

1 Only applicable if the individual has been enrolled in the NCIC Identity Theft File by the CHSB)
YOU MUST SIGN (AND NOTARIZE) THIS
APPLICATION CHECKLIST
AND INCLUDE IT WITH YOUR APPLICATION

I certify, under the pains and penalties of perjury, the truth of the following statements:

• I have read the “Instructions for Initial Massage Therapist License Application”.  
• I have enclosed a completed (signed & notarized) “Initial Massage Therapist License Application” form.  
• I have enclosed two signed Letters of Reference (one letter from an employer in the massage therapy or medical field, massage therapy educator, massage therapist, or health care provider with whom you have had a professional relationship and the other from any unrelated person who can comment favorably upon your professional integrity).  
• If applicable, I have enclosed sealed, official, certificates of standing from each professional license and/or jurisdiction (outside of MA) in which I have held a professional license or certification. (Not required if professional license is held with the Division of Professional Licensure)  
• I have enclosed my $1,000,000 individual, massage therapy liability insurance policy declaration, valid for post-graduate, professional, unsupervised practice.  
• I have enclosed a $225.00 Check/Money Order payable to: Commonwealth of MA.  
• I have enclosed an official, sealed transcript.  
• I have enclosed a completed transcript analysis form and supporting documents.

MANDATORY
My social security number is:

□□□□□□□□-
□□□□-
□□□□□

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

____________________________
Signature of applicant

____________________________
Date of Birth (mm/dd/yyyy)

____________________________
ID THEFT INDEX PIN: ____________

On this ___ day of ____________, 20__, before me, the undersigned notary public, personally appeared____________________________ (name of document signer), proved to me through satisfactory evidence of government issued identification, which was/were ____________________, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

____________________________
Signature of Notary

Mail your application materials to: Board of Massage Therapy, 1000 Washington Street, Suite 710: Individual Licensure, Boston, MA, 02118-6100.

2 Only applicable if the individual has been enrolled in the NCIC Identity Theft File by the CHSB)  

Revised 01/14/15
Applicant Name: ______________________________________________________________________

Address: __________________________________________________________________________

City/Town: __________________________________________ State: ________ Zip Code: ___________

DIRECTIONS FOR APPLICANT:

The Board of Registration of Massage Therapy (“Board”) approved a course of study of 650 hours for
individual licensure effective May 1, 2010, which is posted on the Board’s website and detailed below. Please
complete this form and provide the following documentation for the Board to review for approval of your
application:

1) All Course syllabi and/or School Catalogue, which should include a course description for
each course taken and outlines of class dates and subject matter covered.

Educational Requirements
The minimum educational qualifications for licensure as a massage therapist include:
(1) A high school diploma or GED;
(2) Graduation from a state licensed massage school; and
(3) Completion of a course of study of at least 650 hours which shall comply with the requirements
specified in the following table:

<table>
<thead>
<tr>
<th>Curriculum</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A: Anatomy &amp; Physiology</td>
<td>100 Hours</td>
</tr>
<tr>
<td>Section B: Pathology</td>
<td>45 Hours</td>
</tr>
<tr>
<td>Section C: Kinesiology</td>
<td>45 Hours</td>
</tr>
<tr>
<td>Section D: Massage Theory and Technique</td>
<td>300 Hours</td>
</tr>
<tr>
<td>Section E: Ethics and Professionalism</td>
<td>60 Hours</td>
</tr>
<tr>
<td>Section F: Unpaid and supervised clinical or internship experience</td>
<td>100 Hours</td>
</tr>
</tbody>
</table>

SECTION A: 100 Hours: Anatomy & Physiology
Please list all courses specific to Section A: Anatomy & Physiology to be considered towards the Massachusetts
Massage Therapy Educational Requirements for Licensure. Only list the number of hours in each course that
were devoted to Section A subject matter.

<table>
<thead>
<tr>
<th>Course Name (from transcript)</th>
<th>Hours Completed</th>
<th>Date Started</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________________________</td>
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<td>4. __________________________</td>
<td>__________________</td>
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</tbody>
</table>

TOTAL HOURS:
### SECTION B: 45 Hours: Pathology
Please list all courses specific to Section B: Pathology to be considered towards the Massachusetts Massage Therapy Educational Requirements for Licensure. Only list the number of hours in each course that were devoted to Section B subject matter.

<table>
<thead>
<tr>
<th>Course Name (from transcript)</th>
<th>Hours Completed</th>
<th>Date Started</th>
<th>Date Completed</th>
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<tbody>
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</table>

**TOTAL HOURS:**

### SECTION C: 45 Hours: Kinesiology
Please list all courses specific to Section C: Kinesiology to be considered towards the Massachusetts Massage Therapy Educational Requirements for Licensure. Only list the number of hours in each course that were devoted to Section C subject matter.

<table>
<thead>
<tr>
<th>Course Name (from transcript)</th>
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**TOTAL HOURS:**

### SECTION D: 300 Hours Massage Theory and Technique
Please list all courses specific to Section D: Massage Theory and Technique to be considered towards the Massachusetts Massage Therapy Educational Requirements for Licensure. Only list the number of hours in each course that were devoted to Section D subject matter.

<table>
<thead>
<tr>
<th>Course Name (from transcript)</th>
<th>Hours Completed</th>
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**TOTAL HOURS:**
650 Hours Transcript Analysis Form

**SECTION E: 60 Hours Ethics and Professionalism**
Please list all courses specific to Section E: Ethics and Professionalism to be considered towards the Massachusetts Massage Therapy Educational Requirements for Licensure. Only list the number of hours in each course that were devoted to Section E subject matter.

<table>
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**TOTAL HOURS:**

**SECTION F: 100 Hours Unpaid and supervised clinical or internship experience**;
Please list all courses specific to Section F: Unpaid and Supervised Clinical or Internship Experience to be considered towards the Massachusetts Massage Therapy Educational Requirements for Licensure. Only list the number of hours in each course that were devoted to Section F subject matter.

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<tr>
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**TOTAL HOURS:**

**Certification of Applicant:**

I, ________________________________, certify under the pain and penalty of perjury that I have personally completed the courses shown above and that the information provided is true and accurate.

__________________________________________  ______________________________
Signature                                      Date
100 hours in the Anatomy and Physiology of the Body;
45 hours in Pathology;
45 hours in Kinesiology;
300 hours in supervised in classroom Massage Theory and Technique;

Please note that, pursuant to the advisory ruling adopted by the Board on August 20, 2010, the Board will not accept training in modalities that do not fit the regulatory definition of massage in 269 CMR 2.0. Training in Reiki, Reflexology, Acupressure, Polarity Therapy, Asian Bodywork, Cranial Sacral, etc. may not be applied to this requirement.

Please see the Statutes and Regulations section of the web site for more information.

60 hours in Ethics, Professionalism and Business Practices.
100 hours of unpaid and supervised clinical internship or externship experience;

The hours are further defined so that the curriculum of an approved massage school shall include:

100 hours of Anatomy and Physiology including the structure and function of the following body systems:

- Integumentary System,
- Musculoskeletal System
- Cardiovascular System
- Blood Lymphatic and Immune systems
- Nervous system
- Endocrine system
- Respiratory system
- Digestive system
- Urinary system
- Reproductive system

45 Hours of Pathology:
The study of common pathologies encountered in the practice of massage and how they impact the application of massage, specific indications, contraindications and precautions to the application massage in the presence of these pathologies.

45 Hours of Kinesiology:
Location, identification and palpation of the bellies and attachments of the major muscles of external movement of the body.
300 Hours of Massage Theory and Technique:
To include the following learning objectives in the areas of:

**Effects of touch and massage techniques:**
- Identify and describe the physiological effects of touch and specific massage.
- Identify and describe potential emotional effects of touch and specific massage techniques.
- Define and describe the interpersonal and physical components of a therapeutic environment.
- Develop competency in musculoskeletal palpation and pain assessment skills relating to the appropriate application of massage techniques.
- Develop a safe and effective treatment plan, based on client goals, assessment findings, and understanding of effects of massage.
- Write clear, concise and accurate notes of client treatment sessions.
- Demonstrate commonly recognized techniques that are within the scope of practice and training for massage therapy disciplines. Demonstrate techniques that are appropriate for each body area, including endangerment sites.
- Demonstrate the use of draping during treatment as a professional boundary.
- Identify and practice appropriate methods of sanitation and personal hygiene in the performance of massage sessions.

**Self-care:**
- Identify and describe the effect of physical fitness and life style habits on the performance of massage techniques.
- Identify and demonstrate biomechanical skills necessary for the safe and effective performance of massage techniques.

**60 Hours of Ethics and Professionalism:**

**Professionalism and Communication:**
- Define and demonstrate active listening, rapport, empathy and feedback.
- Identify strategies to effectively deal with emotional and behavioral client responses to massage therapy treatment.
- Describe the principles of conflict resolution and apply conflict resolution skills effectively in the client-therapist relationship.
- Define and discuss the differences between a personal and a professional relationship.
- Discuss the importance of professional boundaries. Describe techniques for establishing and maintaining safe and respectful boundaries with clients.
- Identify and describe the purpose of a code of ethics. Identify and describe the purpose of Standards of Practice specific to massage therapy.
- Identify confidentiality principles related to massage therapy.
- Identify common ethical situations in massage therapy and strategies to effectively resolve ethical issues.
- Identify and design effective methods for time management, client scheduling, and maintenance of the work environment.
MASSAGE TRAINING REQUIREMENTS FOR LICENSURE

- Outline an employment strategy, including short and long-term professional goals
- Create, maintain and identify legal requirements for retaining client, financial and tax records.
- Demonstrate knowledge of federal, state and local regulations as they pertain to massage therapy practice.
- Identify the elements of effective job search and marketing materials (such as resumes, brochures, business cards).
- Identify and discuss common methods of marketing for massage therapy.
- Identify strategies to develop and maintain a client base.
- Discuss the value of ongoing education and skill development as a professional.
- Describe methods for identifying advanced training programs to enhance performance, knowledge and skills.
- Identify the role of professional associations for massage therapists.

**100 hours of unpaid and supervised clinical or internship experience:**
A minimum of 60 hours of which must be dedicated to the actual hands on practice of massage therapy, supervised by a licensed massage or qualified health care professional. The other clinic or internship hours may be dedicated to assessment and treatment planning, treatment note preparation, clinic management and or externship practice supervised by a school approved on-site supervisor and evaluated by a school faculty member. The 100 hours may be dedicated entirely to hands on practice.