

**STATEMENT BY COMPLIANCE OFFICER
FOR MULTIPLE THERAPIST MASSAGE ESTABLISHMENT**

I acknowledge that I am the compliance officer for the following massage establishment:

Massage Therapy Establishment License #: _____
(Leave Blank if new application)

1. I have agreed to accept the responsibilities of a compliance officer in accordance with the Massachusetts Board of Registration of Massage Therapy ("Board") regulation, 269 CMR 6.07(1).
2. I understand the laws and regulations pertaining to massage facilities and to the practice of massage therapy in Massachusetts.
3. I understand that failure to carry out the responsibilities of a compliance officer may result in discipline by the board.
4. I agree to notify the Board within 5 days of resigning my duties as compliance officer.

Name of Compliance Officer: _____
Last First Middle

Massage Therapy License #: _____

Other licenses in any jurisdiction (list state, profession, license number and current status): _____

Discipline against massage or any other professional or establishment license: _____

Information about any felony or misdemeanor, other than a traffic violation for which a fine of less than \$200.00 was assessed: (use a separate sheet if necessary): _____

Signature of Compliance Officer

Date