

The Commonwealth of Massachusetts
Division of Occupational Licensure
Board of Registration of Massage Therapy
1000 Washington Street, Suite 710
Boston, MA 02118-6100

APPLICANT REFERENCE FORMS

Instructions

Pursuant to 269 CMR 3.01(2)(c), all applicants for licensure are required to submit two (2) references for review by the Board:

1. **Professional Reference:** One (1) reference from an **employer in the massage therapy or medical field, a massage therapy educator, a Massage Therapist, or health care provider** with whom the applicant has had a professional relationship, who should address the applicant's competency and integrity. 269 CMR 3.01(2)(c)(1).
2. **Personal Reference:** One (1) reference from an **individual unrelated to the applicant** who can attest to the applicant's business or professional integrity. 269 CMR 3.01(2)(c)(2).

This form must be used by applicants to satisfy the **Professional Reference** requirement. No other forms or letters will be accepted. Applicants must fill out the first portion of the form, and then provided by the applicant to the individual serving as a reference, to be completed by that individual.

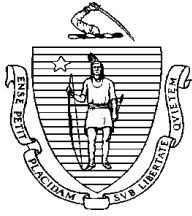
Please note that all forms must be completed, signed, and notarized. Incomplete forms will not be accepted and may result in a delay of the processing of an application, or the denial of an application. Please do not sign the form until you are in the presence of a Massachusetts Notary Public.

TO BE COMPLETED BY APPLICANT

I, _____, hereby authorize _____,
(applicant) (name of reference)

to provide the Board of Registration of Massage Therapy, with all information of any kind which he/she may deem relevant to my qualifications as an applicant, consistent with the requirements of 269 CMR 3.01(2)(c). I hereby release and discharge the endorser from all claims arising out of the provision of such information.

Date: _____ Applicant's Signature: _____



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PROFESSIONAL REFERENCE FORM

TO BE COMPLETED BY PROFESSIONAL REFERENCE

Name of Applicant: _____

The remainder of this form is to be completed only by the individual designated by the applicant to serve as a reference, pursuant to 269 CMR 3.01(2)(c)(1). Failure to do so will render this document invalid. Do not complete this form unless the applicant waiver is signed and dated. Please note that this portion of the form must be signed by a Notary Public.

1. Name: _____

2. Address: _____

3. Phone Number: _____ E-mail Address _____

4. Relationship to the Applicant: I am completing this form in the following capacity (check only one category):

- Employer in the Massage Therapy or Medical Field
- Health Care Provider
- Massage Therapy Educator
- Licensed Massage Therapist _____
License Number(s)

5. How long have you known the applicant? From: _____ (month/year) to _____ (month/year)

6. Please indicate the setting(s) in which you have known the applicant, a description of applicant's duties (if applicable) or the nature of your relationship with the applicant, and the extent of your contact with the applicant. Use a separate sheet of paper, if necessary.

7. Please comment on the applicant's competency and integrity, as it relates to his or her potential ability to practice the massage therapy profession in the Commonwealth of Massachusetts or. *Note: If you are completing this form in your capacity as an individual unrelated to the applicant, please comment on the applicant's business or professional integrity instead.* Use a separate sheet of paper, if necessary.

PLEASE NOTE: This form must be notarized by a Massachusetts Notary Public. DO NOT sign and date this page unless and until you are in the presence of the Notary Public. The Notary Public may use the Certificate Jurat template found on this page or provide their own Certificate Jurat form.

I, the undersigned, being duly sworn, do state under the pains and penalties of perjury, that the answers provided on this Reference Form, are true and correct. I agree to provide any additional information requested by the Board.

Reference Signature: _____ Date: _____

CERTIFICATE JURAT

Commonwealth of Massachusetts

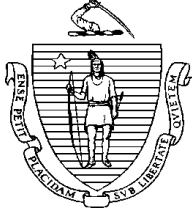
County of _____

On this ____ day of _____, 20__, before me, the undersigned notary public, _____, personally appeared, proved to me through satisfactory evidence of identification, which were _____, to be the person who signed the preceding or attached document in my presence and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Printed Name of Notary Public: _____

Signature of Notary Public: _____

My Commission Expires: _____



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PERSONAL REFERENCE FORM
TO BE COMPLETED BY PERSONAL REFERENCE

Name of Applicant: _____

The remainder of this form is to be completed only by the individual designated by the applicant to serve as a reference, pursuant to 269 CMR 3.01(2)(c)(2). Failure to do so will render this document invalid. Do not complete this form unless the applicant waiver is signed and dated. Please note that this portion of the form must be signed by a Notary Public.

1. Name: _____

2. Address: _____

3. Phone Number: _____ E-mail Address: _____

4. Please explain the nature of your relationship to the Applicant. Use a separate sheet of paper, if necessary.

5. How long have you known the applicant? From: _____ to _____
(month/year) (month/year)

6. Please indicate the setting(s) in which you have known the applicant, a description of applicant's duties (if applicable), and the extent of your contact with the applicant. Use a separate sheet of paper, if necessary.

7. Please comment on the applicant's business or professional integrity as it relates to his or her potential ability to practice the massage therapy profession in the Commonwealth of Massachusetts. Use a separate sheet of paper, if necessary.

PLEASE NOTE: This form must be notarized by a Massachusetts Notary Public. DO NOT sign and date this page unless and until you are in the presence of the Notary Public. The Notary Public may use the Certificate Jurat found on the next page or provide their own Certificate Jurat.

I, the undersigned, being duly sworn, do state under the pains and penalties of perjury, that the answers provided on this Reference Form, are true and correct. I agree to provide any additional information requested by the Board.

Reference Signature: _____ Date: _____

CERTIFICATE JURAT

Commonwealth of Massachusetts

County of _____

On this ____ day of _____, 20__, before me, the undersigned notary public, _____, personally appeared, proved to me through satisfactory evidence of identification, which were _____, to be the person who signed the preceding or attached document in my presence and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Printed Name of Notary Public: _____

Signature of Notary Public: _____

My Commission Expires: _____