



**SECTION II: CERTIFICATION OF EDUCATION**

- INSTRUCTIONS TO SCHOOL**
1. If the applicant completed a New York State licensure-qualifying program, the Registrar must complete Part A, and Part C
  2. All other programs - The Registrar must complete Part B, and Part C

Please return this form directly to the Department at the address shown below. **DO NOT RETURN THIS FORM TO THE APPLICANT.**

**A NEW YORK STATE LICENSURE-QUALIFYING PROGRAMS**

Name of applicant: \_\_\_\_\_

- 1. PRE-MASSAGE THERAPY EDUCATION:** For admission to the massage therapy program, did the candidate present satisfactory evidence of an approved United States high school diploma or the equivalent?  YES  NO

If yes: Name of high school/secondary school: \_\_\_\_\_

Address: \_\_\_\_\_

Name of diploma (quote title in original language): \_\_\_\_\_

Date of completion/graduation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**2. MASSAGE THERAPY EDUCATION**

Date of admission: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of completion: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

Date of graduation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Credential:  Diploma  Certificate Title of credential: \_\_\_\_\_

**B ALL OTHER PROGRAMS**

Please attach the applicant's official transcript (*marksheets or other record giving courses completed and grades*), showing all transfer credit and basis for acceptance. Please also attach copies of the applicant's official First Aid Certificate and Certificate in Cardiopulmonary Resuscitation.

Name of applicant: \_\_\_\_\_

- 1. PRE-MASSAGE THERAPY EDUCATION:** For admission to the massage therapy program, did the candidate present satisfactory evidence of an approved United States high school diploma or the equivalent?  YES  NO

If yes: Name of high school/secondary school: \_\_\_\_\_

Address: \_\_\_\_\_

Name of diploma (quote title in original language): \_\_\_\_\_

Date of completion/graduation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**2. MASSAGE THERAPY EDUCATION**

Date of admission: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of completion: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

Date of graduation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Credential:  Diploma  Certificate Title of credential: \_\_\_\_\_

Length of Program: \_\_\_\_\_ months/weeks

Number of hours per week spent in classroom with instructor: \_\_\_\_\_

Program was accredited/approved by: \_\_\_\_\_  
(attach copy of accreditation if not previously submitted)

