Massage Therapist Form 2

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

CERTIFICATION OF PROFESSIONAL EDUCATION

APPLICANT INSTRUCTIONS

1	1. Complete Section 1 in ink. Enter your name as it appears on your application (Form 1) and be sure to sign and date item 9.																												
2	 Send this form to the educational institution you attended to complete Section II. Be sure to include any fee required by the institution. They must forward it directly to the Office of the Professions at the address at the end of this form. 																												
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	SECTION I: APPLICANT INFORMATION																												
	Social Security Number (Leave this blank if you do not have a U.S. Social Security Number) 2 Birth Date mo . day yr.																												
3	Print Name Exactly As It Appears On Your Licensure Application (Form 1)																												
	Last																												
	First																				5	TELE	PHC	NE/	E-MA	IL			
	Middle																					Dayti	me F	hon	е				
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4 1	Mailing Address (You must notify the Department promptly of any name or address changes.) Area Code Phone Number																												
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	Line 3		<u> </u>	_	<u> </u>			<u> </u>	<u> </u>			_						<u> </u>]									
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	rovince															<u> </u>				Ш									
6	Print name under which your degree/diploma was awarded:																												
7	Name of	mas	sage	thera	apy s	choo	l atte	nded:													 							_	
	Address:																												
8	Name of degree/diploma: / / /																												
9	I request and give my permission to the school listed in item 7 above to complete the information on this form and send any documentation requested by the NYS Education Department including that listed on page 2 of this form (e.g. an official transcript) to the New York State Education Department.																												
	Applicant's signature: //																												
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ŝΕ	CTION II: CERTIFICATION OF EDUCATION	
	INSTRUCTIONS TO SCHOOL 1. If the applicant completed a New York State licensure-qualifying program, the Registrar must complete Part and Part C	Α,
	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.	
1	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?	
	If yes: Name of high school/secondary school:	
	Address:	
	Name of diploma (quote title in original language):	
	Date of completion/graduation: / / / yr.	
	2. MASSAGE THERAPY EDUCATION	
	Date of admission:/ Date of completion:/ vr.	
	Date of graduation:/day/	
	Credential: Diploma Certificate Title of credential:	
$\overline{}$	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?	
	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://	
	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)	
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PART B CONTIN	UED	Applicant Name:												
		Social Sec (Leave this bl	curity Number: ank if you do not have a L	J.S. Social Security Numb	er)									
List the courses and hours in your program spent in supervised classroom instruction and practical applications to demonstrate how your massage program meets the New York 1000 hours requirement. (Photocopy and attach more sheets if necessary.)														
			New	York State Requiren	nents for Massage Sc	hool								
Massage School Courses	Pł 20	natomy & nysiology 00 Hours ours Neuro)	Myology/Kines. 150 Hours	General Pathology 100 Hours	Hyg/CPR/Chem/Tech 75 Hours	General Massage 150 Hours (50 Hours Western) (50 Hours Oriental)	Practice of Massage 325 Hours (150 Hours Practicum)*							
* Please provide the r	l name/q	ualification of	the instructing mas	sage therapist:										
Attach a catalog or	brochure	e describing the	e school program and f	aculty (qualifications an	d teaching responsibilit labus for the same clas									
C CERTIFICATION I certify that the i to the records of	nforma		bove, including the p	ore-professional educ	cation requirements,	is true and correct,	according							
Signature of Registrar: //														
Name:														
Title: (INSTITUTION SEAL) Institution:														
			Fax											
E-mail:														
Return Directly to: Ne			on Department, Office Albany, NY 12234-100		vision of Professional	Licensing Services, M	assage Therapy Unit,							
			Massage Thera	pist Form 2, Page 3	of 3, (REV. 07/04)									