# Massage Therapist Form 4B

**verify** your **experience** for endorsement applicants only.

**Applicant Instructions**

Use this form only if you are licensed in another state, province or country and are seeking licensure by endorsement.

1. Complete items 1-5 in Section I in ink. Make a copy of this form for each employer, supervisor, co-worker or colleague you listed on Form 4.
2. Complete items 6-9 in Section I in ink. Make a copy for your records and forward the original form to each employer, supervisor, coworker or colleague who will attest to the work experience identified on Form 4. Be sure to sign and date item 9.

## Section I: Applicant Information

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<td>Social Security Number</td>
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<td>2</td>
<td>Birth Date</td>
<td>Month</td>
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<td>Year</td>
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<td>3</td>
<td>Print Your Name Exactly As It Appears On Your Application (Form 1)</td>
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<td>Daytime Phone</td>
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<td>E-Mail Address (Please print clearly)</td>
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<td>Work Experience Number</td>
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## Experience was obtained while employed or self-employed by:

Self/Organization Name: ________________________________

Address: Street ________________________________

City ________________________________ State ________________________________ Zip code ________________________________

Beginning Month / Year and ending Month / Year

Average hours per week: ________________

Number of weeks per year: ________________

## I have practiced: (Check one)

- [ ] Oriental massage therapy
- [ ] Western massage therapy
- [ ] Oriental and western massage therapy

## Attestation

I hereby certify that the work experience time claimed for experience is true and accurate.

Applicant’s signature ____________________________ Date ____________________________

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### Verification of Experience

**SECTION II: TO BE COMPLETED BY SUPERVISOR, EMPLOYER, COWORKER OR COLLEAGUE.**

(Please type or print in ink)

**INSTRUCTIONS TO SUPERVISOR, EMPLOYER, COWORKER OR COLLEAGUE**

1. Complete Part A and Part B.
2. Complete and sign the attestation below or, if you do not sign the attestation, please explain in a separate letter attached to this form. If you wish to provide any other information for consideration by the Department relative to the applicant, please submit a separate letter with this form. If you do so, please identify the applicant by his or her full name and social security number in your letter and indicate that he/she is an applicant.

**Part A – Identification of Supervisor, Employer, Co-Worker or Colleague**

Name of supervisor, employer, co-worker or colleague: ____________________________

(Please print)

Your Current Address: __________________________________________________________

Street

City ____________________________  State _______  Zip Code _________________

Telephone __________________    Fax __________________    E-mail __________________

Basis on which I know the applicant: ______________________________________________

(Name of applicant)

**Part B – Applicant’s Professional Experience**

THE EMPLOYER, SUPERVISOR, COLLEAGUE, OR CO-WORKER WHO SIGNS THIS FORM ATTESTING TO THE EXPERIENCE OF THE APPLICANT MUST COMPLETE ALL OF THE FOLLOWING QUESTIONS.

1. The applicant completes an intake interview, including a health history, whenever evaluating a patient/client for the first time.

   - ALWAYS
   - SOMETIMES
   - NEVER

2. The applicant shows skill and competence when doing an evaluation for treatment.

   - BELOW AVERAGE
   - AVERAGE
   - SKILLED

3. The applicant demonstrates an average or better knowledge of anatomy, physiology, and neurology when evaluating a patient's/client's condition.

   - ALWAYS
   - SOMETIMES
   - NEVER

4. The applicant demonstrates an average or better knowledge of pathology, including signs and symptoms of disorders, diseases, and specific health conditions when developing a treatment plan.

   - ALWAYS
   - SOMETIMES
   - NEVER

5. The applicant has an average or better knowledge of myology and/or kinesiology.

   - BELOW AVERAGE
   - AVERAGE
   - SKILLED

6. The applicant has a basic knowledge of oriental massage theory.

   - BELOW AVERAGE
   - AVERAGE
   - SKILLED

7. The applicant has a basic knowledge of western massage theory.

   - BELOW AVERAGE
   - AVERAGE
   - SKILLED

8. The applicant is knowledgeable and applies ethical principles in practice.

   - ALWAYS
   - SOMETIMES
   - NEVER

9. The applicant engages in good professional business practices, including the maintenance of confidentiality and the good recordkeeping practices.

   - ALWAYS
   - SOMETIMES
   - NEVER

10. The applicant applies appropriate massage therapy techniques for the patient's/client's condition.

    - ALWAYS
    - SOMETIMES
    - NEVER
SUPERVISOR, EMPLOYER, CO-WORKER OR COLLEAGUE

I declare and affirm that I am knowledgeable about, and qualified to attest to, the applicant's work and that, except as otherwise noted on this form, or in attached correspondence, the work experience described by the applicant and the time claimed is true and accurate. I understand that any false or misleading information on this form, or related to verification of this applicant's experience, may be cause for denial or loss of licensure in New York State and may result in criminal prosecution.

Signature of the endorser: _______________________________________________

I cannot so certify.
Letter of explanation attached.

NOTARY

State of __________________________________________ County of _______________________________________
On the ____________ day of ______________________ in the year __________ before me, the undersigned, personally appeared __________________________, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____________________________________________________________________________

Notary ID number _______________________________
Expiration date __________ / __________ / __________

Notary Stamp