



Request for Intraoral Endorsement Training Requirements

Massage Training Information:

A massage therapist licensed under [RCW 18.108](#) may apply for an endorsement to perform intraoral massage upon completion of intraoral training.

Submit the attached request form and [fee](#).

This fee is **non-refundable**. You can check the online [fee page](#) for current fees.

16 hours of direct supervised training must include the following
(See [WAC 246-830-490](#)):

- Hands-on intraoral massage techniques, cranial anatomy, physiology, and kinesiology.
- Hygienic practices, safety and sanitation.
- Pathology and contraindications.

Supervised training must be obtained from a licensed massage therapist endorsed in intraoral massage or from an individual who is licensed, certified, or registered and who has performed intraoral massage services within their authorized scope of practice.

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Massage Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Request for Intraoral Massage Endorsement

To be completed by the applicant:

Complete top part of this form and forward it to the trainer for completion. Please print clearly.

Name First Middle Last

Birth date (mm/dd/yyyy)

Massage License Number

Hours Completed

Address

City

State

Zip Code

County

If the address currently on record with the Department of Health is different from the address provided above, would you like your address of record updated? Yes No

I, _____, declare under penalty of perjury under that laws of the state of Washington that the foregoing is true and correct. I understand that the Department may request additional information, if it is needed, to evaluate the application.

Applicant Signature _____ Date _____

To be completed by the approved trainer: (See [WAC 246-830-490](#))

The above individual seeks verification of direct supervised intraoral training to place an intraoral massage endorsement on his/her massage therapy license.

Trainer Name

Phone (enter 10 digit #)

Address

City

State

Zip Code

County

Trainer Credential Number

Dates Credentialed

Training Specific to Intraoral Massage:

Sixteen hours of direct supervised training must include: Hands-on intraoral massage techniques, cranial anatomy, physiology, and kinesiology; hygienic practices, safety and sanitation; and pathology and contraindications.

Number of Direct Supervised Intraoral Training Hours _____

I certify that the above information is, to the best of my knowledge, accurate and complete. I understand that the department may request more information, if it is needed, to evaluate the application of the individual named on this document. I declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

- I am a licensed massage therapist endorsed in intraoral massage.
- I am an individual licensed, certified, or registered and have performed intraoral massage services within my authorized scope of practice.

Signature _____ Date _____
Qualified Trainer

Please return this form to the address listed on page one.