

## Request for Intraoral Endorsement Training Requirements

## **Massage Training Information:**

A massage therapist licensed under <u>RCW 18.108</u> may apply for an endorsement to perform intraoral massage upon completion of intraoral training.

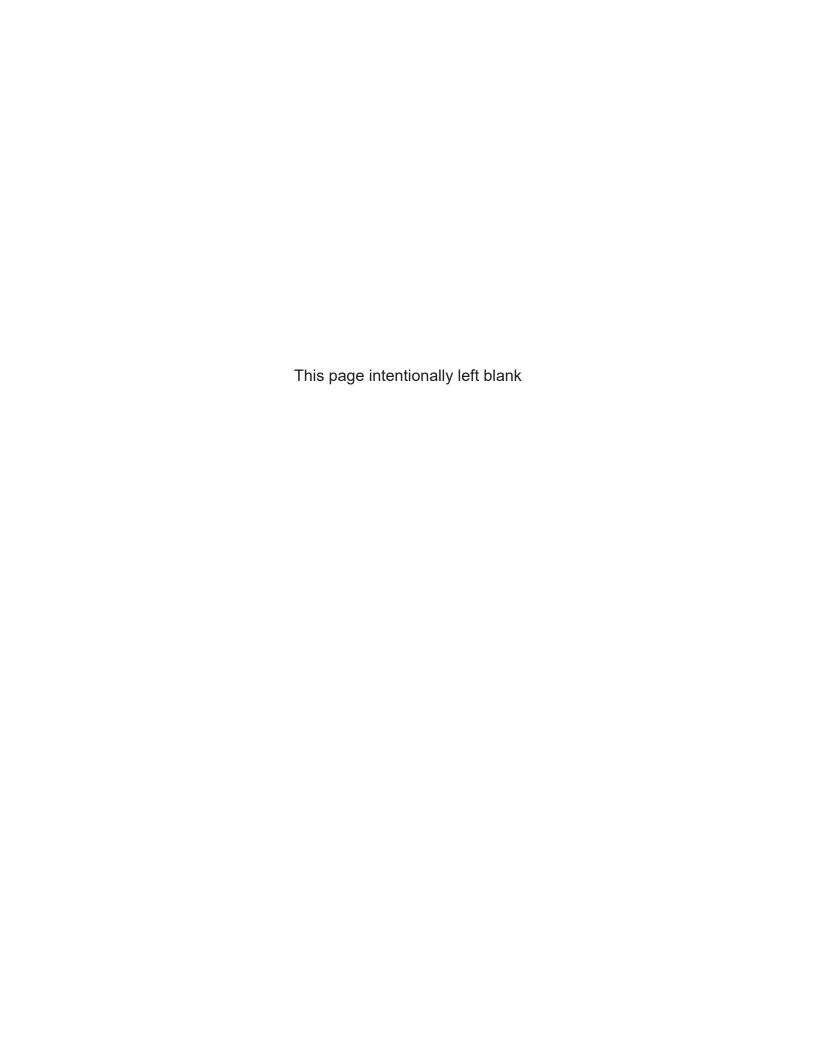
Submit the attached request form and fee.

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 <u>WAC 246-830-490</u>):

- 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.





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						
7.001033						
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?  \( \subseteq \text{Yes} \subseteq \text{No} \)						
would you like your address of record updated?   res   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				uci	stand that the Department may	
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			P		hone (enter 10 digit #)	
Address						
City	State	State Zip Code			County	
Trainer Credential Number			Dates Credentialed			

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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.				

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