



## **Massage School Transfer Program Application Packet**

### **Contents:**

1. 676-131 ..... Contents List and Mailing Information..... 1 page
2. 676-132 ..... Application Instructions ..... 1 page
3. 676-133 ..... Massage School Transfer Program Application ..... 2 pages
3. 676-134 ..... Table of Contents ..... 1 page
5. RCW/WAC and Online Website Links..... 1 page

### **In order to process your request:**

**Mail your application and  
other documents to:**

Board of Massage  
Training Program  
P.O. Box 47877  
Olympia, WA 98504-7877

### **Contact us:**

360-236-4700

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## Application Instructions Checklist

All information should be printed clearly in blue or black ink. You will be notified in writing of any outstanding documentation needed to complete the process.

Use the following checklist to help guide you through the application.

- Legal Entity Type:** check your legal owner/operator business structure type according to your Washington State Master Business License. You can find additional information on the [Department of Revenue website](#).
- 1. Demographic Information:**
  - Uniform Business Identifier Number (UBI #):** Enter your Washington State UBI #. All Washington State businesses must have UBI #s. City, county, and state government departments also have UBI #s.
  - Federal ID Number (FEIN #):** Enter your Federal ID Number, if the business has been issued one.
  - Legal Owner/Operator Name:** Enter the owner's name as it appears on the UBI/ Master Business License.
  - Mailing Address:** Enter the owner's complete mailing address.
  - School or Program Name:** Enter the facility's name as advertised on signs, brochures, or Web site.
  - Physical Address:** Enter the facility's physical street location including city, state, zip code, and county.
  - Phone, Fax and Cell Numbers:** Enter the facility's phone, cell, and fax numbers.
  - Mailing Address:** Enter the facility's mailing address, if different than the physical address.
  - Contact Email and Program Web Address:** Enter facility's contact email and web site address.
  - Authorized Representative Name:** Enter the facility's authorized representative's name.
  - Authorized Representative Phone and Email:** Enter the authorized representatives email and phone.
- 2. Program Information:**

Provide the requested information about the program offered.
- 3. Program Representative Attestation:**

The authorized program representative must sign and date this application.

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## Massage School Program or Apprenticeship Application

### Legal Entity Type

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Association                   | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Federal Government Agency     | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust                    |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership            |   |

### 1. Demographic Information

UBI #		Federal Tax ID (FEIN) #	
Legal Owner/Operator Name			
Mailing Address			
City	State	Zip Code	County
School or Program Name (Business name as advertised on signs or Web site)			
Physical Address			
City	State	Zip Code	County
Phone (enter 10 digit #)	Cell (enter 10 digit #)	Fax (enter 10 digit #)	
Mailing Address			
City	State	Zip Code	County
Contact Email		Program/apprenticeship Web Address	
Authorized Representative Name			
Authorized Representative Email		Authorized Representative Phone	

## 2. Program Information:

Provide the following information about the program offered.

Program Title

Name of Certificate offered

Maximum faculty to student ratio

In classroom

In student clinic or externship

## 3. Program Representative Attestation:

I attest that I am the authorized representative of the above named school or program, and that I am submitting this application for approval by the Washington State Board of Massage in that capacity. I have received and become familiar with The Law Relating to Massage Therapy, [RCW 18.108](#), along with Washington's Uniform Disciplinary Code [RCW 18.130](#) and Washington's Administrative Code, [Chapter 246-830](#).

I have reviewed the board's standards for approval, and understand that this application will not be considered by the board if it is incomplete. I understand that a future site visit may be required. Once approved, any modification(s) to the program must be reported to the board within 60 days of the modification per [WAC 246-830-420\(9\)](#).

Name of Authorized Representative

Title

Signature of Authorized Representative

Date (mm/dd/yyyy)



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

## **Massage School Transfer Program Application Table of Contents**

Application—Complete the Department of Health Application	Page 1
<b>Academic Standards</b> The school or program instructors, or apprentice trainer shall regularly evaluate the quality of the instruction and require a clearly defined set of standards of competence and progress for the students. Graduation from the program shall be dependent on mastery of the knowledge and skills presented.	Tab 1
A. A clear statement of policy defining the minimum standards for measuring student progress.	Page #
B. Copies of policies and procedures for: <ul style="list-style-type: none"> <li>• Admission (how you determine who can be admitted)</li> <li>• Transfer of credits (how you determine hours/credits that can be transferred)</li> <li>• Progression (how learning is measured)</li> <li>• Graduation</li> <li>• Withdrawal</li> <li>• Dismissal (corrective measures used when a student is found not to be meeting minimum standards)</li> </ul>	Page #
<b>Records</b> Attendance records and education performance records are accurate and organized.	Tab 2
A. Sample transcript and certificate of completion	Page #
<b>Eligibility</b> Washington schools must have been approved by the Washington Workforce Training and Education Coordinating Board (the Workforce) and the Washington State Board of Massage (the Board).	Tab 3
A. Copy of Washington State Workforce Training and Education Coordinating Board Certificate or other states equivalency (if applicable).	Page #
B. Copy of the Washington State Board of Massage program approval letter.	Page #

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## **RCW/WAC and Online Website Links**

### **RCW/WAC Links**

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

### **Online**

[Board of Massage, Web Page](#)

[Federation of State Massage Therapy Boards, \[www.fsmtb.org\]\(http://www.fsmtb.org\)](#)

[Washington State Approved Massage Programs, School List](#)

[The National Certification Board of Therapeutic Massage and Bodywork](#)