



# State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: <http://med.ohio.gov/>

**FOR BOARD USE ONLY**  
**FEE: \$35.00**

No: \_\_\_\_\_

Issued: \_\_\_\_\_

## MESSAGE THERAPY APPLICATION FOR PRELIMINARY EDUCATION CERTIFICATE

**NOTE: Successful completion of a massage therapy program does not guarantee licensure. Persons convicted of a felony or misdemeanor may not be able to sit for a licensing exam or may have restrictions placed on their ability to practice. Each case is handled on an individual basis after a candidate applies to take a licensing examination and submits to a required background check.**

### TO BE COMPLETED BY APPLICANT

Your social security number is required to facilitate reporting to the federal Healthcare Integrity & Protection Data Bank (42 U.S.C. §1320a-7e(b), 5 U.S.C. §552a, and 45 C.F.R. pt. 61) and for accurate identification under the federal and state child support enforcement law (42 U.S.C. §666 and §3123.50. O.R.C.) It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. §11101 and 45 C.F.R. pt. 60) and for other investigative/enforcement purposes in compliance with Chapters 4730., 4731., 4760. or 4762., O.R.C. or as otherwise required by state or federal law.

<b>U.S. Social Security No.</b>	_____ - _____		
<b>Applicants Full Name (print clearly)</b>	_____		
	Last	First	Middle
			Suffix (Jr., II)
<b>Current Address</b>	Number & Street		<b>Date of Birth</b>
	City		
	State	Zip Code	/ /
<b>High School of Graduation</b>			<b>Date of Graduation</b>
			month/day/year
			/ /
<b>Signature of Applicant</b>			<b>Date</b>

### TO BE COMPLETED BY MASSAGE THERAPY SCHOOL

I hereby certify that I have checked the  high school transcript of the above named applicant.  GED transcript

Check only one

I further certify that I have checked any name change documents with respect to any name changes the applicant may have. I hereby recommend the above applicant be granted a preliminary education certificate.

<b>Date Classes Begin</b>	month/day/year
	/ /

<b>Name and Address of Massage Therapy School</b>	School Name: _____
	Street Address: _____
	City: _____ State: _____ Zip Code: _____
<b>Signature of President, Dean or Secretary</b>	_____
<b>Print Name legibly</b>	_____
<b>Position</b>	_____
<b>Date</b>	_____

<b>School Seal</b>
(If none, have form notarized)

**MESSAGE THERAPY**  
**PRELIMINARY EDUCATION APPLICATION INSTRUCTIONS**

1. Complete the **MESSAGE THERAPY - APPLICATION FOR PRELIMINARY EDUCATION** in its entirety.
2. Submit a check or money order in the amount of **\$35.00** made payable to **Josh Mandel, Ohio Treasurer** with your application. **FEES SUBMITTED ARE NEITHER REFUNDABLE NOR TRANSFERABLE.**

**Application Process**

The application and appropriate fee must be received at the Board offices or postmarked no later than the first day the student attends classes. Failure of the student to submit the preliminary education application within the timeframe shall invalidate the hours earned in that academic term from the total required to qualify to sit for the licensing exam.

The application processing time is ordinarily 2-3 weeks after receipt of an application and fee by the Board. An incomplete application or any unusual circumstances may delay processing.

**Preliminary Education Certificate**

Upon issuance of an Ohio preliminary education number, a certificate will be sent to the student in approximately 2 to 3 weeks.

Please be advised that verification of the preliminary education certificate may also be obtained directly from the Board's website at <http://med.ohio.gov> in the "Licensee Profile and Status" section. The website is updated immediately to reflect newly issued preliminary education certificates.

The Board may randomly select applications for verification that all preliminary education requirements have been met. Students whose applications are selected shall submit additional documentation of compliance with the preliminary education requirements as the Board may require.