



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

RE: Massage Therapy

Dear Applicant:

The enclosed **REQUEST FOR APPLICATION FORMS AND PRELIMINARY EDUCATION APPLICATION** must be completed *in its entirety*.

IF YOU HAVE PREVIOUSLY HELD AN OHIO LICENSE DO NOT COMPLETE THESE FORMS. CONTACT THE RECORDS DEPARTMENT AT (614) 728-3113.

Upon completion of these forms return them to the Board in order that we may determine the appropriate application and materials to forward to you. Any Request for Application Form or Preliminary Education Form that is not completed properly will be returned.

Also enclosed is information regarding licensure eligibility. Please read these materials carefully.

If eligible an application will be sent to you within a week of receipt of the Request for Application Forms.

Attachments:

MASSAGE THERAPY ELIGIBILITY FOR LICENSURE

Massage Therapy is limited to the treatment of disorders of the human body by systematic external application of touch, stroking, friction, vibration, percussion, kneading, stretching, compression, and passive joint movements within the normal physiologic range of motion; and adjunctive thereto, the external application of water, heat, cold, topical preparations, and mechanical devices.

BY EXAMINATION

Ohio's examination for licensure to practice massage therapy consists of a written exam and a practical demonstration. To be eligible for examination an applicant must:

- Hold a high school diploma or its equivalent.
- Apply for and obtain a certificate of preliminary education from the Board.
- Complete a course of instruction of not less than one year and a minimum of six hundred clock hours at an approved School of Massage Therapy. Subjects include both practical and theoretical instruction as well as Anatomy, Physiology, Pathology, Ethic, Clinical program and Hygiene; and such other subjects as the Board deems necessary and appropriate to Massage Therapy.
- Pass the Basic Science portion and Limited Branch portion of the examination by a score of seventy-five (75) or above. Test subjects include Anatomy, Physiology, Chemistry, Bacteriology, Pathology, Hygiene and Diagnosis as appropriate to the limited branch of medicine as well as a practical demonstration.

BY ENDORSEMENT

OHIO DOES NOT PROVIDE FOR RECIPROCITY OR ENDORSEMENT. LICENSURE IN OTHER STATES DOES NOT IN ANY WAY ASSURE OR GUARANTEE LICENSURE IN OHIO. YOU MUST TAKE THE EXAMINATION FOR LICENSURE IN OHIO.

SCHOOL APPROVAL

Under Ohio law the State Medical Board must determine the standing of the schools, colleges, institutions, or individuals giving instruction in any of the limited branches of medicine. Standards for school approval are established under Rule 4731-1 Ohio Administrative Code. Copies of the Statutes and Rules may be obtained from the Board's website at www.state.oh.us/med/.

The Board recognizes that registration; approval or licensing laws and standards of other states regulating limited branch schools may differ from Ohio laws and standards. Therefore, the Board may recognize out-of-state schools as institutions in good standing for purposes of admitting graduates from those schools for examination for licensure in Massage Therapy providing the school has met the requirements set forth Rule 4731-1. If an application is received from an out-of-state graduate holding a diploma not previously approved, an effort will be made to gather adequate information concerning the educational experience by the forwarding of an application by the Board to the school of graduation. Information received will be evaluated by the Board to determine whether or not to approve the school.

Approval pursuant to this process may apply to other applicants from that school during the period of approval.

If information is not received from the school within six months, the Board may propose to deny the applicant. The applicant, if they so request, will then have an opportunity to present evidence of having met all requirements at a formal administrative hearing.

MASSAGE THERAPY REQUEST FOR APPLICATION FORM INSTRUCTIONS

(Please read and follow the instructions carefully)

1. Complete the enclosed **MASSAGE THERAPY REQUEST FOR APPLICATION FORMS AND PRELIMINARY EDUCATION APPLICATION** in its entirety.
2. Submit a check or money order for **\$35.00** made payable to the **State Medical Board of Ohio**. Fees submitted are neither refundable nor transferable.
3. Have your high school of graduation forward directly to this Board your transcripts. Make sure the copy of your transcripts includes the following:
 - a. total number of credit hours earned
 - b. the date of graduation
 - c. your date of birth
 - d. either the school seal or the original signature of a school official
(original signatures only, name stamps will not be accepted)

If your transcripts are not in English, a translation must also be submitted.

If you do not have a high school diploma, have the Department of Education submit an official transcript of your G.E.D. scores. G.E.D. Certificates are not acceptable in lieu of the transcript.

NOTE: ISSUANCE OF A PRELIMINARY EDUCATION NUMBER IN NO WAY ASSURES YOU ADMITTANCE TO THE EXAMINATION.

4. Submit a photocopy of your massage therapy diploma.
5. Submit a transcript of your grades from your Massage Therapy school of graduation. The transcript must include the total number of hours received.
6. Forward the enclosed Certificate of Education (Form 2) to the school where you completed your massage therapy training. The form must be completed by the President, Dean, or Secretary of the school. This form must not be completed **prior** to graduation.
7. If you have changed your name, you must submit a photocopy of the appropriate legal document that authorizes each name change. This may be a court decree and/or a marriage certificate. Any document in a foreign language must be accompanied by a translation.



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

| | | | |
|---------------------------|-----------|------------|--|
| FOR BOARD USE ONLY | | | |
| FEE: \$35.00 | | | |
| BK: _____ | PG: _____ | LN: _____ | |
| DATE: _____ | | PMT: _____ | |

MASSAGE THERAPY REQUEST FOR APPLICATION FORMS

(Please type or print clearly)

I hereby submit the following information in order to receive an application for Massage Therapy licensure.

| | | | | |
|-------|----------------|-------|--------|------------------|
| Name: | Last (Surname) | First | Middle | Suffix (Jr., II) |
|-------|----------------|-------|--------|------------------|

| | | | | |
|----------|-----------------|-------|----------|---------|
| Address: | Number & Street | | | |
| | City | State | Zip Code | Country |

| | | | | |
|------------|-----------|--------------------------------|-------|--------------------------------|
| Telephone: | Business: | Area Code & Number () | Home: | Area Code & Number () |
|------------|-----------|--------------------------------|-------|--------------------------------|

| | | | | | |
|-------------|--------------------|--------------|------|-------|---------|
| Birth Date: | Mo/Day/Yr / / | Birth Place: | City | State | Country |
|-------------|--------------------|--------------|------|-------|---------|

MASSAGE THERAPY EDUCATION

| | | | |
|--|----------------|-------|----------|
| Massage Therapy School of Graduation: | School Name | | |
| | Street Address | | |
| | City | State | Zip Code |

| | | | | |
|-----------------|-------|--------------------|-----|--------------------|
| Dates Attended: | From: | Mo/Day/Yr / / | To: | Mo/Day/Yr / / |
|-----------------|-------|--------------------|-----|--------------------|

| | | | |
|----------------------------|------------------|----------------|--------------------|
| Number of Hours Completed: | Degree Received: | Date Received: | Mo/Day/Yr / / |
|----------------------------|------------------|----------------|--------------------|

OVER ⇨

Other
Massage
Therapy
School s
Attended
(If none,
enter
"NONE"):

| | | | |
|----------------|-------|----------|---------|
| School Name | | | |
| Street Address | | | |
| City | State | Zip Code | Country |

Dates Attended: From: Mo/Day/Yr
/ / To: Mo/Day/Yr
/ /

Reason degree not received at this school:

LICENSES IN THE UNITED STATES OR CANADA

List ALL states/provinces in which you hold or have held a license to practice Massage Therapy, **whether the license is current or not**. If additional space is needed, attach an extra sheet. (If none, enter "NONE")

| STATE/PROVINCE | ISSUE DATE (MO/YR) | LICENSE NO. | LICENSE CURRENT | | EXPIRE(S) |
|----------------|-----------------------|-------------|--------------------------|--------------------------|-----------|
| | | | YES | NO | |
| | / | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | / | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | / | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | / | | <input type="checkbox"/> | <input type="checkbox"/> | |

CERTIFICATION

I hereby certify that I am the person referred to in the foregoing Request for Application forms for Massage Therapy and that the statements herein are strictly true in every respect.

Signature

Date



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

MASSAGE THERAPY PRELIMINARY EDUCATION APPLICATION

Massage
Therapy
School:

Applicants
Full Name:

| | | | |
|------|-------|--------|------------------|
| Last | First | Middle | Suffix (Jr., II) |
|------|-------|--------|------------------|

List below all names used (i.e., maiden, married) other than the name given above. Also, indicate the time period during which you used the name(s). If none, enter "NONE". If additional space is needed, attach separate sheets.

| Name (Last, First, Middle) | Dates Used | mo/yr | mo/yr |
|----------------------------|------------|-------|-------|
| | FROM | / | TO / |
| | FROM | / | TO / |
| | FROM | / | TO / |

Complete
Address:

| | | | |
|----------------------|-------|----------|---------|
| Street Number & Name | | | |
| City | State | Zip Code | Country |

Date
of Birth:

mo/day/yr
 / /

Place
of Birth:

| | | |
|------|-------|---------|
| City | State | Country |
|------|-------|---------|

High
School of
Graduation:

| |
|---|
| Name of High School |
| City State/Country |

Date of
Graduation:

mo/day/yr
 / /

Signature of Applicant

Date

FOR BOARD USE ONLY

CERTIFICATE OF PRELIMINARY EDUCATION

NO: _____ DATE ISSUED _____

This is to certify that this applicant has met the preliminary education requirements for the study of **Massage Therapy** in conformity with the Statutes of Ohio and the Rules and Regulations of the State Medical Board of Ohio.

Entrance Examiner

Secretary



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

MASSAGE THERAPY FORM 2 - CERTIFICATE OF EDUCATION

I am applying for a license to practice Massage Therapy in the State of Ohio. The State Medical Board of Ohio requires that this form be completed by my Massage Therapy school of graduation. Please complete the form and return it directly to the State Medical Board of Ohio at the address listed above.

TO BE COMPLETED BY APPLICANT

| | | | | |
|------|------|-------|--------|------------------|
| Name | Last | First | Middle | Suffix (Jr., II) |
| | | | | |

| | | | |
|-----------------|-----------------|-------|----------|
| Current Address | Number & Street | | |
| | City | State | Zip Code |

I hereby authorize my massage therapy school of graduation to furnish the information below to the State Medical Board of Ohio.

Signature of Applicant _____ Date _____

TO BE COMPLETED BY SCHOOL

This certifies that the above named applicant received a diploma from:

| | |
|-----------------|--|
| Name of School: | |
|-----------------|--|

| | | | | |
|-----------------|----------------|-------|----------|---------|
| School Address: | Street Address | | | |
| | City | State | Zip Code | Country |

| | | | | | |
|----------------------|------------------|----|------------------|---------------|------------------|
| Dates of Attendance: | Mo/Day/Yr / / | to | Mo/Day/Yr / / | Graduated on: | Mo/Day/Yr / / |
|----------------------|------------------|----|------------------|---------------|------------------|

| | |
|----------------------------------|--|
| Total Number of Hours Completed: | |
|----------------------------------|--|

OVER ⇨

I further certify that he/she has completed instruction in Massage Therapy and that his/her instruction included: practical and theoretical instruction in Massage Therapy as well as Anatomy, Physiology, Pathology, Ethics, Clinical Program, and Hygiene; and such other subjects as the Board deems necessary and appropriate to Massage Therapy. The course of instruction was for a period of not less than one year and minimum of 600 clock hours.

School Accredited by:

| |
|--------------------------|
| Name of accrediting body |
|--------------------------|

Address of Accrediting Body:

| | | | |
|----------------|-------|----------|---------|
| Street Address | | | |
| City | State | Zip Code | Country |

Signature of President, Dean or Secretary (*Name stamps not acceptable*)

Name (please print)

Position

Subscribed and sworn to before me this _____ day of _____ 20_____.

(NOTARY SEAL)

Notary Public Signature

Date Commission Expires