

Massage Credentialing PO Box 47877

Olympia, WA 98504-7877

360-236-4700

Instructor/Trainer Resume

A separate resume must be submitted for each instructor/trainer.

**Name**

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| **Professional License Information** |
| License Number |  |
| Original Issuance Date |  |
| Expiration Date |  |
| License Status |  |

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| **Professional Education** |
| List in date order all your educational preparation and post-graduate training. Attach additional pages if necessary. |
| School Program Name | Date Degree orCertificate Issued |
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| **Employment/Experience** |
| List in date order all your employment and experience relevant to what you will be teaching in the program. Attach additional pages if necessary. |
| Employer and Type of Experience | Dates Worked (mm/yy – mm/yy) |
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