



Animal Massage Training Program Application Packet

Contents:

1. 649-010 Contents List and Mailing Information..... 1 page
2. 649-011 Application Instructions 1 page
3. 649-012 Animal Massage Program Standards 1 page
4. 649-013 Animal Massage Training Program Application..... 2 pages
5. 649-014 Table of Contents 1 page
6. 649-015 Animal Massage Program Courses Offered Form 2 pages
7. RCW/WAC and Online Website Links..... 1 page

In order to process your request:

Mail your application and other documents to:

Animal Massage Program
P.O. Box 47852
Olympia, WA 98504-7852

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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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.

Select the type of program you are applying for on the first page of the application:

1. Demographic Information:

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.

Phone, Fax and Cell Numbers: Enter the owner's phone, cell, and fax numbers.

Email and Web Address: Enter the owner's email and facility Web addresses, if applicable.

Facility/Agency 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.

Authorized Representative Name: Enter the facility's authorized representative's name.

Authorized Representative Phone and Email: Enter the authorized representatives email and phone.

2. Accreditation Information:

List your school or program accreditation.

3. Program Information:

Provide the requested information about the program offered.

4. Program Representative Attestation:

The authorized program representative must sign and date this application.

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Animal Massage Program Standards

The Animal Massage program uses the following standards and requires supporting documentation to evaluate a school/apprenticeship program's eligibility for approval:

To expedite the application process, read the instructions carefully. Please submit an application that is complete and easy to review.

Use the following checklist to ensure that all documents are submitted.

- Completed application form
- Completed Table of Contents form
- Completed Program Courses Offered form

Standard One Checklist – Curriculum (hours expressed as minimums)

- Massage Program Courses Offered form
- Course syllabi (one for each course offered)

Standard Two Checklist – Accreditation/Eligibility

- Accreditation by a recognized regional or state accrediting body, or vocational or technical accrediting body

Additional Information

To expedite the application process, read the instructions carefully and double check the application before submitting it.

The completed application packet must be submitted in a three ring binder, and contain the following:

- Completed Application packet
- Completed Table of Contents
- Supporting documents for each standard listed in the Table of Contents must have consecutive page numbers and be separated and tabbed as follows:
 - Standard One: Curriculum
 - Standard Two: Accreditation/Eligibility

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Date
Stamp
Here

Animal Massage Training Program Application

Application for: Small Animal Massage Program Large Animal Massage Program

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. Accreditation Information

Please list any recognized regional or state accrediting body or vocational or technical accrediting body associated with your animal massage training school/program.

3. Program Information:

Provide the following information about the program offered.

Program Title

Length of Program

Hours

Name of Certificate offered

4. 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 Secretary of Health in that capacity. I have become familiar with the laws relating to Animal Massage Therapists in chapter [18.240 RCW](#) and [chapter 246-940 WAC](#).

I have reviewed the standards for approval, and understand that this application will not be considered by the secretary if it is incomplete.

Name of Authorized Representative

Title

Signature of Authorized Representative

Date (mm/dd/yyyy)



Animal Massage Training Program
P.O. Box 47852
Olympia, WA 98504-7852
360-236-4700

Animal Massage Program Application Table of Contents

Application—Complete the Department of Health Application	Page 1
Standard 1: Curriculum	Tab 1
A. Program Courses offered Spreadsheet	Page
B. Course syllabi (one for each course offered) must include the following: <ul style="list-style-type: none">• Course title• Subject matter per WAC 246-940-050• Course hours• Course description	Page
Standard 2: Accreditation/Eligibility	Tab 2
<ul style="list-style-type: none">• Recognized regional or state accrediting body, or• Vocational or technical accrediting body	Page

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 360-236-4700

Animal Massage Training Program Courses Offered

[WAC 246-940-050](http://www.wa.gov/wac/wac246-940-050)

Name of school/program	Total Program Hours		
School/Program Location			
<p>Areas of Practice (see WAC 246-940-050 for specific subjects):</p> <ul style="list-style-type: none"> • A minimum of 75 hours of instruction in general animal massage techniques. At least 35 of those hours must be practical or hands-on instruction. • A minimum of 60 hours of instruction in kinesiology. At least 21 of those hours must be practical or hands-on instruction. • A minimum of 75 hours of instruction in anatomy and physiology. At least 21 of those hours must be practical or hands-on instruction. • A minimum of 75 hours of instruction in animal behavior and handling. At least 21 of those hours must be practical or hands-on instruction. • A minimum of ten hours of instruction in business practices. • A minimum of five hours of instruction in first aid. At least two of those hours must be practical or hands-on instruction. • All Other Program Courses (include number of hrs per course) 			
Course Title	Area(s) of Practice	Course Hours	Page #

Course Title	Area(s) of Practice	Course Hours	Page #

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](#)

On-Line

[Animal Massage, Web Page](#)