

## **Somatic Education Training Program Education**

<u>RCW 18.108.050(6)</u> Exemptions, states that individuals who have completed a somatic education training program approved by the secretary may be exempt from licensure as a massage therapist in Washington state.

<u>WAC 246-830-485</u> Somatic education training program exemption, states in part that the secretary may approve an exemption from this chapter for an individual who has completed a somatic education and training program that has a professional organization with a permanent administrative location that oversees the practice of somatic education.

Demographic Information			
Legal Owner(s)	Administrator Name(s)		
Mailing Address			
City	State/Province	Zip Code	
Program Title/Name			
Physical Address (if different from above)			
City	State/Province	Zip Code	
Contact Email	·		

## **Authorized Representative Attestation**

I attest that I am the authorized representative of the above named school and that I am making this application for approval by the Department of Health in that capacity. I am aware the Department of Health may request from an approved training program, and the program shall provide updated information every three years to ensure the program's compliance.

Approval may be withdrawn if the program fails to maintain the compliance with WAC 246-830-485.

Name and Title of Authorized Representative

Signature

Date



<b>Checklist</b> Please attach the following information about your somatic education training program.		
The Somatic Education Training Program Application	Page 1	
1. Standards of practice	Page(s)	
2. A training accreditation process	Page(s)	
3. An instructor certification process	Page(s)	
4. A therapist certification process	Page(s)	
5. A code of ethics or code of professional conduct	Page(s)	