



Board of Massage
 PO Box 47852
 Olympia, WA 98504-7852

Somatic Education Training Program Application

[RCW 18.108.050\(6\)](#) 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.

[WAC 246-830-485](#) 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	
<p>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 Approval may be withdrawn if the program fails to maintain the compliance with WAC 246-830-485.</p>	
Name and Title of Authorized Representative	
Signature	Date



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Checklist

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)