



# Massage School Program Approval, Re-Approval, or Apprenticeship Application Packet

## Contents:

1. 676-124	..... Contents List and Mailing Information.....	1 page
2. 676-125	..... Application Instructions .....	3 pages
3. 676-126	..... Massage School Program/Apprenticeship Standards.....	5 pages
4. 676-127	..... Massage School Program Approval, Re-Approval, or Apprenticeship Application .....	2 pages
5. 676-117	..... Table of Contents .....	3 pages
6. 676-128	..... Massage Program Courses Offered Form .....	1 page
7. 676-138	..... Instructor/Trainer Resume .....	1 page
8. 676-139	..... Massage Program Course Syllabus.....	2 pages
9. RCW/WAC and Online Website Links.....		1 page

## Mail your completed application with documents to:

Board of Massage Training Program  
P.O. Box 47852  
Olympia, WA 98504-7852

## Notify us by email when you mail in your binder at:

[Massage.therapy@doh.wa.gov](mailto:Massage.therapy@doh.wa.gov)

## Contact us:

360-236-4700

**Before you start:** Watch the 30-minute video "[How to Submit a Massage School Program Application for Washington State Approval](#)" for helpful instructions on completing and submitting this application.

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](mailto:civil.rights@doh.wa.gov).

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## Application Instructions Checklist

To expedite the review process, thoroughly review the following information and use the checklist to make sure all the required documents are submitted:

- Only hard copy applications and documents will be accepted. Applications must be submitted in a single 3-ring binder and organized in the order listed on the Table of Contents provided. Electronic applications will not be accepted.
- All pages must be numbered and printed single sided only.
- Unless otherwise stated, templates that are included in this application must be used. Documentation not provided on the templates will not be reviewed, and the application packet will be considered deficient.
- Only **one binder** needs to be submitted.
- In order to have ample review time, binders must be received no later than five weeks prior to a board meeting.
- All information must be typed or printed clearly in blue or black ink. You will be notified in writing of any outstanding documentation needed to complete the process.
- For helpful instructions on completing and submitting this application Watch the 30-minute video, "[How to Submit a Massage School Program Application for Washington State Approval.](#)"

### Use the following checklist to help guide you through the application:

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

- First time approval of Massage School/Program
- Re-approval of Massage School/Program
- First time approval of Massage Apprenticeship Program
- Re-approval of Massage Apprenticeship Program

**Legal Entity Type:** check your legal owner/operator business structure type according to your Washington State Master Business License. Additional information is on the [Department of Revenue website](#).

**1. Demographic Information:**

**Uniform Business Identifier Number (UBI number):** Enter your Washington state UBI number. All Washington State businesses must have UBI numbers. City, county, and state government departments also have UBI numbers.

**Federal ID Number (FEIN number):** Enter your Federal ID Number, if the business has been issued one.

**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 from 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 if your school or program is accredited and provide attachments.

**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.

## **Additional Information**

The principal responsibility of the Board of Massage is to safeguard the public's health and safety by ensuring that licensed massage therapists are qualified to perform therapeutic massage, and that the schools or apprenticeship programs where they study will provide the education they need to do so. The board comprises five licensed massage therapists, one massage educator, and one consumer member of the public.

The process for considering your application is as follows:

- The application and documents are pre-reviewed by program staff. The pre-reviewer will contact the school if there are any minor deficiencies that can be easily corrected.
- The application is assigned and sent to two reviewing board members (RBMs) for their review and evaluation.
- At an upcoming board meeting, the RBMs will make a recommendation based on their review. The Board then votes to either approve, or send a deficiency letter, or deny program approval.
- Approval means that applicants for a massage therapy license who graduate from the school during the school's approval period will be eligible to take the massage licensing examination.
- A deficiency letter means the Board requires additional information from the school prior to program approval.
- When an applicant sends additional information, the Board reconsiders the application at a future Board meeting.

All completed massage school program or apprenticeship program application packets must be single sided with numbered pages and submitted in a single three-ring binder. To be considered complete, the application packet must contain the following:

- Completed massage school program/apprenticeship program application.
- Completed Table of Contents
- Supporting documents for each standard listed in the Table of Contents. The Table of Contents must list the page numbers and each standard must be separated and tabbed as follows:

- Standard One: Curriculum
- Standard Two: Academic Standards
- Standard Three: Faculty
- Standard Four: Student Clinic and/or Externships
- Standard Five: Health, Sanitation and Facilities
- Standard Six: Professional Conduct
- Standard Seven: Records
- Standard Eight: Eligibility

Schools accredited by the Commission on Massage Therapy Accreditation (COMTA) are not required to submit standards 2, 5, 6, 7, or 8.

The Board may conduct a site review. To ensure continued compliance, periodic follow-up site reviews may be conducted by the Board.

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## Massage School Program/Apprenticeship Standards

To expedite the application process, read the instructions **carefully**. Applications must be complete and easy to review. Application packets that are not submitted as outlined below will be considered deficient and not be forwarded to the reviewing board members until they are complete.

**Use the following checklist to ensure that all documents are submitted and in order:**

- Completed [Application form](#)
- Completed [Table of Contents form](#)

### Standard One—Curriculum

The curriculum shall be designed and presented to meet or exceed the minimum requirements in [WAC 246-830-430](#).

#### Standard One – Required Documentation:

- A. [Massage Program Courses Offered form](#): The applicant must list all courses taught in the program and not just those that satisfy Washington’s minimum subject hour requirements. The total hours of all courses offered must be the same as the total number of hours listed on Page 2 of the Massage School Program Application form.
- B. [Course syllabi](#). Each course must have an individual syllabus. A template and a fillable template have been included. You may use the fillable template or submit one using the same outline of the fillable template.
- C. Sample or samples of mid-term, final, or other equivalent exams for each of the following subjects:
  - Anatomy and physiology
  - Pathology
  - Kinesiology
  - Practicum criteria
  - Ethics and professionalism
  - Laws and rules pertaining to massage
- D. Statement regarding how a student will obtain first aid and CPR training
- E. Institutional philosophy or mission statement

## Standard One Checklist – Curriculum

- [Massage Program Courses Offered form](#)
- [Course syllabi](#) which must be submitted using the fillable template or a document using the same outline. Any other format will not be accepted. Each course must have an individual syllabus.
- Sample or samples of mid-term, final, or other equivalent exams. Each exam must be clearly labeled indicating what subject(s) are included on the exam. Each of the following subjects must be covered in the exams:
  - Anatomy and physiology
  - Pathology
  - Kinesiology
  - Practicum criteria
  - Ethics and professionalism
  - Laws and rules pertaining to massage
- Statement on how a student will obtain first aid and CPR training
- Institutional philosophy or mission statement

## Standard Two – Academic Standards

School catalogs will not be accepted as proof of the required policies. Each policy must be clearly titled and submitted individually.

### Standard Two – Required Documentation

- A. A statement or policy on minimum standards for measuring student progress
- B. Policies and procedures for the following:
  - Admission
  - Progression
  - Graduation
  - Withdrawal
  - Dismissal
  - Nondiscrimination

### Standard Two Checklist – Academic Standards

- A statement or policy on minimum standards for measuring student progress
- Policies and procedures for the following:
  - Admission
  - Progression
  - Graduation
  - Withdrawal
  - Dismissal
  - Nondiscrimination

### Standard Three—Faculty:

Massage school program instructors or, an apprenticeship program trainer are required to be qualified by training and experience to provide effective instruction in the subjects they are teaching.

### **Standard Three – Required Documentation:**

- A. A policy for ensuring minimum competency standards for instructors and a statement that all massage school, massage program or apprenticeship program instructors meet those standards (not necessary for apprenticeship programs)
- B. A statement or policy describing faculty members' participation in curriculum development and evaluation (not necessary for apprenticeship programs)
- C. A **resumé** for each instructor or trainer. Resumes must be submitted on the template provided in this packet. Personal resumes will not be accepted
- D. A listing of all instructors and the course(s) each instructor plans to teach.

### **Standard Three Checklist—Faculty**

- Policy on minimum competency standards for instructors
- Statement or policy on faculty members' participation in curriculum development and evaluation
- Resumés** for each instructor or trainer. Resumes must be submitted on the template provided in this packet. Personal resumes will not be accepted.
- A listing of all instructors and the course(s) each instructor plans to teach.

### **Standard Four—Student Clinic**

All clinical facilities are required to be adequate in size and resources for students to practice massage on the general public. All rooms used for consultations, massage therapy or treatment are required to be properly equipped with the resources needed to practice clinical hygiene procedures.

A faculty member who is a massage therapist with at least three-years of experience in massage therapy must provide direct supervision as a clinical supervisor and makes final decisions on the massage therapy that is rendered to a client by a student. A faculty member in the role of a clinical supervisor must ensure a ratio of no less than one faculty member to no more than six students who are actively performing massage.

### **Standard Four—Required Documentation:**

- A. A statement that the student clinic is supervised by a faculty member who is a licensed massage therapist with at least three years of practical experience in massage therapy
- B. A statement that the faculty to student ratio in the student clinic is no less than one faculty member to no more than six students who are actively performing massage
- C. Policy or policies pertaining to the clinical supervisor's:
  - review of the health history of the student's client
  - review and approval of the student's massage plan
  - observation of a reasonable portion of each massage session based on the competency of the student
- D. Disclosure statement form provided to clients
- E. Client intake and screening form
- F. Client feedback form
- G. Supervisor feedback form

## Standard Four Checklist—Student Clinic

- A statement that the student clinic is supervised by a faculty member who is a licensed massage therapist with at least three years of practical experience in massage therapy
- A statement that the faculty-to-student ratio in the student clinic is no less than one faculty member to no more than six students who are actively performing massage
- Policies pertaining to the clinical supervisor's:
  - review of the health history of the student's client
  - review and approval of the student's massage plan
  - observation of a reasonable portion of each massage session based on the competency of the student
- Disclosure statement form provided to clients
- Client intake and screening form
- Client feedback form
- Supervisor feedback form

## Standard Five -- Health, Sanitation, and Facilities

All programs will have adequate facilities and equipment available for students learning massage therapy. All facility equipment will be maintained according to local rules and ordinances governing health and sanitation.

### Standard Five—Required Documentation:

- A. A statement that facilities are maintained in accordance with state and local ordinances and rules governing health and sanitation
- B. Detailed floor plan of the facility. This includes dimensions of the floor plan and labeled photographs of the interior and exterior of the facility
- C. Detailed floor plan of student clinic. This includes dimensions of student clinic and labeled photographs
- D. List of equipment available to students in the classroom
- E. List of equipment available to students in the clinic
- F. List of library contents and computer or online resources

### Standard Five Checklist—Health, Sanitation, and Facilities:

- A statement that facilities are maintained in accordance with state and local ordinances and rules governing health and sanitation
- Detailed floor plan of the facility including the following:
  - dimensions of the floor plan
  - labeled photographs of the interior of the facility
  - labeled photographs of the exterior of the facility
- Detailed floor plan of student clinic including the following:
  - dimensions of student clinic
  - labeled photographs of student clinic

- List of equipment available to students in the classroom
- List of equipment available to students in student clinic
- List of library contents and computer or online resources

### **Standard Six—Professional Conduct**

Approved educational programs will follow professional standards. Students will be taught and will consistently practice professional draping techniques.

### **Standard Six—Required Documentation**

Policies that outline faculty and student conduct

### **Standard Six Checklist—Professional Conduct**

- Policies that outline faculty and student conduct

### **Standard Seven—Records**

Records must be stored in a secured location and be made available upon a student's written request. The program transcript must provide adequate information to conclude that the student has successfully completed the approved educational program.

### **Standard Seven—Required Documentation**

- A. Sample transcript
- B. Policy on release of student records consistent with applicable laws

### **Standard Seven Checklist—Records (not required if COMTA approved)**

- Sample transcript
- Policy on release of student records consistent with applicable laws

### **Standard Eight—Eligibility**

Washington massage schools must be eligible to operate under one of the following options:

- Is approved to operate in the state of Washington by the workforce training and education coordinating board, or
- Is licensed by private vocational education, or
- Is part of a college or university that is nationally or regionally accredited.

### **Standard Eight—Required Documentation**

- Copy of the certificate of approval to operate this program.

### **Standard Eight Checklist—Eligibility**

- Copy of Washington State Workforce Training Education Coordinating Board Certificate, or
- Verification that the school is licensed by private vocational education (see chapter 28C.10 RCW or Title 28B RCW), or
- Verification that the program is part of a college or university that is nationally or regionally accredited.

Date  
Stamp  
Here

## Massage School Program or Apprenticeship Application

Application for:    New Massage School/Program                       New Apprenticeship Program  
                                   Re-approval Massage School/Program                       Re-approval of Apprenticeship 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 number	Federal Tax ID (FEIN) number
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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 number)	Cell (enter 10-digit number)	Fax (enter 10-digit number)
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Mailing Address

City	State	ZIP Code	County
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Contact Email	Program/apprenticeship Web Address
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Authorized Representative Name

Authorized Representative Email	Authorized Representative Phone
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## 2. Accreditation Information

Is your school approved by the Commission on Massage Therapy Accreditation (COMTA) or does your school hold any other federally approved accreditations?

Yes  No

If yes, please list them. Attach copies of documentation verifying accreditation, including the agency's name, address and date accreditation was issued.

## 3. Program Information:

Provide the following information about the program offered.

Program Title

Length of Program

Hours

Weeks

Name of Certificate offered

Maximum faculty to student ratio

In classroom

In student clinic or externship

## 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 Washington State Board of Massage in that capacity. I have become familiar with the laws relating to Massage Therapists in [chapter 18.108 RCW](#) and [chapter 246-830 WAC](#).

I have reviewed the board's standards for approval and understand that this application will not be considered by the board if it is incomplete. I understand that a future site visit may be required. Once approved, any modification(s) to the program must be reported to the board within 30 days of the modification per [WAC 246-830-420\(5\)\(c\)](#).

Name of Authorized Representative

Title

Signature of Authorized Representative

Date (mm/dd/yyyy)



Washington State Department of  
**HEALTH**  
 Massage Credentialing  
 P.O. Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700

## Massage School Program or Apprenticeship Application Table of Contents

Massage School Program or Apprenticeship Application	Page
Table of Contents	Pages
<b>Standard 1: Curriculum</b>	Tab 1
A. <a href="#">Massage Program Courses Offered</a> spreadsheet	Page(s)
B. <a href="#">Course syllabi</a> using either the fillable template provided in this application packet or following the same outline of the template.	Pages
C. Sample or samples of mid-term, final, or other equivalent exams for each of the following: <ul style="list-style-type: none"> <li>• Anatomy and physiology</li> <li>• Pathology</li> <li>• Kinesiology</li> <li>• Practicum criteria</li> <li>• Ethics and professionalism</li> <li>• Laws and rules pertaining to massage</li> </ul>	Pages
D. A statement regarding how a student will obtain First Aid and CPR certification	Page
E. Institutional philosophy or mission statement	Page
<b>Standard 2: Academic Standards</b>	Tab 2
A. A statement or policy defining the minimum standards for measuring student progress	Page
B. Copies of policies and procedures for: <ul style="list-style-type: none"> <li>• Admission</li> <li>• Progression</li> <li>• Graduation</li> <li>• Withdrawal</li> <li>• Dismissal</li> <li>• Nondiscrimination</li> </ul>	Page
<b>Standard 3: Faculty</b>	Tab 3
A. Policy on minimum competency standards for instructors and a statement that all massage school, massage program or apprenticeship program instructors meet those standards	Page

B. A statement or policy on faculty members' participation in curriculum development and evaluation	Page
C. A <b>resumé</b> for each instructor or trainer using the template provided in the application packet	Pages
D. A list of all instructors and the course(s) each instructor plans to teach	Page(s)
<b>Standard 4: Student Clinic</b>	Tab 4
A. A statement that the student clinic is supervised by a faculty member who is a licensed massage therapist with at least three-years of practical experience in massage therapy	Page
B. A statement that the faculty to student ratio in the student clinic is no less than one faculty member to no more than six students who are actively performing massage	Page
C. Policy or policies pertaining to the clinical supervisor's: <ul style="list-style-type: none"> <li>• review of the health history of the student's client</li> <li>• review and approval of the student's massage plan</li> <li>• observation of a reasonable portion of each massage session based on the competency of the student</li> </ul>	Pages
D. Disclosure statement form provided to clients	Page
E. Client intake and screening form	Page
F. Client feedback form	Page
G. Supervisor feedback form	Page
<b>Standard 5: Health, Sanitation and Facilities</b>	Tab 5
A. A statement that facilities are maintained in accordance with state and local ordinances and rules governing health and sanitation	Page
B. Detailed floor plan of the facility that includes the following: <ul style="list-style-type: none"> <li>• dimensions of the facility's floor plan</li> <li>• labeled photographs of the interior of the facility</li> <li>• labeled photographs of the exterior of the facility</li> </ul>	Pages
C. Detailed floor plan of student clinic that includes the following; <ul style="list-style-type: none"> <li>• dimensions of the student clinic</li> <li>• labeled photographs of the student clinic</li> </ul>	Pages
D. List of equipment available to students in the classroom	Page
E. List of equipment available in the student clinic	Page
F. List of library contents and computer or online resources	Page
<b>Standard 6: Professional Conduct</b>	Tab 6
A. Policies on faculty and student conduct	Page(s)

<b>Standard 7: Records</b>	Tab 7
A. Sample transcript	Page
B. Policy on release of student records consistent with applicable law(s)	Page
<b>Standard 8: Eligibility</b>	Tab 8
<ul style="list-style-type: none"> <li>- Copy of Washington State Workforce Training and Education Coordinating Board Certificate, or</li> <li>- Verification that the school is licensed by private vocational education, or</li> <li>- Verification that the program is part of a college or university that is nationally or regionally accredited</li> </ul>	Page

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Board of Massage  
 PO Box 47852  
 Olympia, WA 98504-7852  
 360-236-4700

## Massage Program Courses Offered

**Attach additional sheets if necessary**

Name of school/program							Total Program Hours			
Subject Area <a href="#">WAC 246-830-430</a>										
		Anatomy & Physiology (90 Hours)	Kinesiology (60 Hours)	Pathology (70 Hours)	Theory & Practice (260 Hours)	Student Clinic (50 min to 75 max)	Clinical/ Business Practices (55 Hours)	Professional Ethics (40 Hours)	All other courses	COURSE TOTAL (must match syllabus)
Course Title	Page Number	Course Hours	Course Hours	Course Hours	Course Hours	Course Hours	Course Hours	Course Hours	Course Hours	
<b>Subject Area Total</b>										

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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.

<b>Name</b>	
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Professional License Information	
License Number	
Original Issuance Date	
Expiration Date	
License Status	

Professional Education	
List in date order all your educational preparation and post-graduate training. Attach additional pages if necessary.	
School Program Name	Date Degree or Certificate Issued

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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## **RCW/WAC and Online Website Links**

### **RCW/WAC Links**

[Chapter 18.108 RCW, Massage Therapists](#)

[Chapter 246-830 WAC, Massage Therapists](#)

[Chapter 18.130 RCW, Uniform Disciplinary Act](#)

[Chapter 34.05 RCW, Administrative Procedure Act](#)

[Chapter 246-12 WAC, Administrative Procedures and Requirements for Credentialed Health Care Providers](#)

### **Online**

[Board of Massage webpage](#)

[Washington Workforce Training & Education Coordinating Board](#)