



Board of Massage Credentialing  
 P.O. Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700

## Board of Massage Education Endorsement Form

Only Education Endorsement forms sent directly from the school will be accepted.

This form must be completed and submitted by the authorized school representative for applicants who hold an out-of-state active massage license and are applying for licensure by endorsement.

### Applicant Information:

Applicant Name \_\_\_\_\_

### School or Program Information:

Name of the school or program the applicant graduated from		State of school or program
Program Entry Date	Program Completed Date	Total Program Hours

### State Board and Licensing Agency or the Accrediting Agency Information:

Was the school approved by the state’s massage board at the applicant’s time of graduation?

Yes, List the full name of the state board \_\_\_\_\_

No  N/A If no or N/A, select which of the following the school was approved by:

A national or regional accreditation organization

\_\_\_\_\_  
 Name

The state authority with responsibility for oversight of vocational programs

\_\_\_\_\_  
 Name

The state agency that regulates massage programs

\_\_\_\_\_  
 Name

Other—List:

\_\_\_\_\_  
 Name

As an authorized representative of the school listed above, I attest that the applicant has successfully completed the school’s massage program and that the school was approved by the state board and/ required accrediting or licensing agency at the applicant’s time of graduation.

\_\_\_\_\_  
 Printed name of school registrar or authorized representative

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date