



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY
P.O. Box 1360, Frankfort, Kentucky 40602
911 Leawood Drive, Frankfort, Kentucky 40601 (Overnight Delivery Only)
Fax: (502) 696-5230 ~ <http://bmt.ky.gov>

Form Revision Date:

September 2015

Certificate of Good Standing for a Massage Therapy Training Program Renewal Application Long Form

INSTRUCTIONS

1. All programs shall renew annually. Refer to KRS 309.363 and 201 KAR 42:080 in completing this application.
2. There is no fee associated with this application.
3. This is the long form of the Renewal Application. If you have made more than two changes to your program since your last renewal, this is the correct form. If you have fewer than three changes, you can print and use the Renewal Application Short Form.
4. Attach continuation sheets if more space is needed to provide information.
5. Submit a signed application form, typed or printed legibly and completed in its entirety.
6. If there have been changes to your program, **CHECK EACH BOX WHERE CHANGES HAVE BEEN MADE** and attach the appropriate details of the change/s.
 - If your license to operate has changed, attach a copy of the current license to operate, issued by either Kentucky Commission for Proprietary Education, Kentucky Council on Postsecondary Education, or their equivalent.
 - If there have been ANY changes in your curriculum, complete and attach a Curriculum Verification Form detailing those changes. Include the clock hours of content for each course.
 - If there have been ANY changes in your faculty, including education and licensing qualifications, attach details of those changes.°
Attach the resume or curriculum vita showing qualifications for teaching an adjunctive or science course for each new instructor.
 - If it has changed, list and describe your school's policies and procedures for collecting and analyzing data about the quality and effectiveness of its' educational programs including student progress, completion and licensure.
 - If there have been changes since your last application, submit a copy of the program or school catalogue.
 - If there have been changes, attach documentation of accreditations held by your program or school.
 - If there have been changes, submit a copy of your school's student contract, agreeing not to accept compensation for massage therapy services provided prior to licensure by the board.
 - REQUIRED OF ALL RENEWAL APPLICATIONS:** Include policies and procedures for collecting statistics that show evidence of continued instructional quality. These statistics shall include but are not limited to:
 - a. Number of students enrolled vs. number completing the program
 - b. Exam pass rates
 - c. Licensure rate of those graduating
 - d. Placement rates

This completed renewal application should be submitted to the Kentucky Board of Licensure for Massage Therapy either by mail to P.O. Box 1360, Frankfort, KY 40602 or by delivery to 911 Leawood Drive, Frankfort, KY 40601.

SCHOOL CONTACT INFORMATION

School Name				Date
Street Address	City	County	State	Zip Code
Telephone Number	Fax Number	Website Address		
Program Contact Person's Name				Title
Program Contact Person's Address	City	State		Zip Code
Program Contact Person's Phone Number	Fax Number	Email Address		
School Owner, individual, or entity. (If corporate, also list the owner of the corporation)				
Street Address	City	State		Zip Code
Telephone Number	Fax Number	Email Address		

BRANCH LOCATIONS

Please provide names, addresses, and phone numbers of any secondary locations
If there are no branches, write N/A

Branch Name	Address	Phone Number

CLINICAL TRAINING LOCATIONS

Please provide information on location and supervision for each clinical training location. Use additional pages, if necessary.

Location Name	Location Address	Supervisor	Supervisor's Title	Supervisor's Phone

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CERTIFICATION

I certify that the information provided on this application as submitted to the Kentucky Board of Licensure for Massage Therapy is true and correct in its entirety. In addition, I hereby pledge to follow all standards set out in KRS Chapter 309 and all rules and regulations set out in 201 KAR Chapter 42.

School Official's Name

Title

School Official's Signature

Date