



# KENTUCKY STATE BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leewood Drive, Frankfort, Kentucky 40601  
Fax: (502) 696-5230 ~ <http://bmt.ky.gov>

Form Revised:  
September  
/2015

## Certificate of Good Standing for a Massage Therapy Training Program Initial Application Form

### INSTRUCTIONS

1. Refer to KRS 309.363 and 201 KAR 42:080 in completing this application.
2. There is no fee associated with this application.
3. Attach continuation sheets if more space is needed to provide information.
  - Submit a signed application form, typed or printed legibly and completed in its entirety.
  - 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 in other states. Label as Exhibit A.
  - Complete and attach a curriculum statement showing clock hours for each required subject. Label as Exhibit B. (see Curriculum Verification Form)
  - Attach a listing of instructional staff and their qualifications. Label as Exhibit C.
    - ° Documentation of current Kentucky license and experience for each instructor
    - ° Resume or curriculum vita [CV] showing qualifications for teaching an adjunctive or science course for each instructor
  - 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. Label as Exhibit D.
  - Submit a copy of the program or school catalogue. Label as Exhibit E.
  - Attach documentation of accreditations held by your program or school. Label as Exhibit F.
  - 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. Label as Exhibit G.
  - Include policies and procedures for collecting statistics that show evidence of continued instructional quality. Label as Exhibit H. 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
4. This completed application may 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 Leewood 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		