



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY
P.O. Box 1360, Frankfort, KY 40602
500 Mero St., 2 SC 32, Frankfort, KY 40601 (Delivery Only)
Phone: (502) 782-8808 Fax: (502) 564-4818 ~ <http://bmt.ky.gov>

Form Revision Date:
November 2021

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. The *nonrefundable* fee for a one-time Certificate of Good Standing is \$50. The *non-refundable* fee for an initial Certificate of Good Standing is \$125. All fees paid by check or money order shall be made payable to Kentucky State Treasurer. **DO NOT SEND CASH.**
3. Submit a signed application form, typed or printed legibly and completed in its entirety.
4. Attach continuation sheets if more space is needed to provide information.
5. 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 500 Mero Street, 2 SC 32, Frankfort, KY 40601.

APPLICATION

- 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.
- Either attach a listing of instructional staff and their qualifications, including a copy of the current Kentucky license for each instructor, and a resume, curriculum vitae, or PE-11 form showing their qualifications for teaching an adjunctive or science course and label as Exhibit B or request verification be sent directly to the Kentucky Board of Licensure for Massage Therapists (KBLMT) from the agency which granted your program designation of "Approved School" from the National Certification Board of Therapeutic Massage and Bodywork or the designation of "accredited" or "COMTA-endorsed curriculum" from the Council for Massage Therapy Accreditation. The designation must have been current for the time the Certificate of Good Standing is requested.
- 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 C.
- Submit a copy of the program or school catalogue. Label as Exhibit D.
- Attach documentation of accreditations held by your program or school. Label as Exhibit E.
- 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 F.
- Include policies and procedures for collecting statistics that show evidence of continued instructional quality. Label as Exhibit G. 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

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. Use additional pages, if necessary.
If there are no branches, write "NA."

<u>Branch Name</u>	<u>Address</u>	<u>Phone Number</u>

CLINICAL TRAINING LOCATIONS

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

<u>Location Name</u>	<u>Location Address</u>	<u>Supervisor</u>	<u>Supervisor's Title</u>	<u>Supervisor's Phone</u>

**KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY
CURRICULUM VERIFICATION FORM**

DIRECTIONS: Kentucky Licensure requires that an applicant must complete 600 hours of massage therapy education. Enter the course number and name of each course in your curriculum and list the number of clock hours included in that course. If the course contains multiple subjects, list the clock hours related to each required subject in the appropriate box. An example is provided. **NOTE:** This form should be completed by the Program Administrator rather than the applicant. Attach additional sheets if necessary.

Course Number	Course Name	Anatomy, Physiology & Kinesiology (125 hrs. required)	Massage Theory Technique & Practice (200 hrs. required)	Business of Massage (200 hrs. required)	Pathology (40 hrs. required)	Other (35 hrs. required)	Total Hours in Course
Example MT 102	Massage Theory and Practice	10	30	3	2		45
TOTAL		/125	/200	/200	/40	/35	

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 _____