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

INSTRUCTIONS

1. All programs shall renew annually. Refer to KRS 309.363 and 201 KAR 42:080 in completing this application.

2. The *nonrefundable* fee for a renewal Certificate of Good Standing is $75. 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 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 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

☐ Provide a statement with supporting statistics to show student completion, examination pass rates, licensure rates, and placement rates.

☐ Attach a curriculum statement as described in KRS 309.363(1)(b) showing clock hours for each of the required subjects, as shown in the Curriculum Verification Form below. This shall also include new programs of massage therapy added to the school's original offering, such as an associate's degree program, if the new program may be used to meet initial qualifications for licensure.

☐ Provide a statement with supporting documentation showing proof that at least seventy (70) percent of the graduates of the program who have taken the MBLEx or other board approved examinations over the twelve (12) months prior to the application have received a passing score. This statistical report from the examination company shall be computed for the twelve (12) months, which ends thirty (30) days prior to the certificate anniversary date.

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

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.

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