



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY
 P.O. Box 1360, Frankfort, KY [Kentucky] 40602
 500 Mero St., 2 SC 32 [911 Leawood Drive], Frankfort, KY [Kentucky]
 40601 (Overnight Delivery Only) Phone: (502) 728-8800 Fax: (502)
 564-4818 [696-5230] ~ http://bmt.ky.gov

Form Revision Date:
 05/2015 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. 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. [There is no fee associated with this application.]
 [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.
- 3[4]. 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. [4. Submit a signed application form, typed or printed legibly and completed in its entirety.]
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 [911 Leawood Drive], 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 [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 [Label] as Exhibit B [C] 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.
 - [° 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 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

~~[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]~~

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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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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.

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

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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

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