Student Massage Therapist License Application

□ New
□ Renewal

SECTION 1 – APPLICANT AND EMPLOYER INFORMATION (APPLICANT)

A Massage Therapist License will only be issued to employees associated with a licensed massage establishment.

EMPLOYER INFORMATION	APPLICANT INFORMATION
Employer Name_____	First Name _____ MI _____ Last Name _____
Employer Address _____	Home Address _____
City_____ State_____ Zip Code_____	City_____ State_____ Zip Code_____
Contact Person_____	Home Telephone _____ Emergency No. _____
Office Telephone _____	Email Address _____
Fax No. _____ Emergency No. _____	Weight _____ *(lbs)* Height _____ *(ft)* _____ *(in)* Sex _____
Email Address _____	Eye Color _____ Hair Color _____ Date of Birth _____/____/____

SECTION 2 - TYPE OF MASSAGE SERVICES TO BE OFFERED (APPLICANT) ***(check all that apply)***

o IN-OFFICE MASSAGE THERAPY o IN-HOME MASSAGE THERAPY	NAME OF SUPERVISING MASSAGE THERAPIST _____

SECTION 3 - EDUCATIONAL AND TRAINING HISTORY (APPLICANT)

SCHOOL ATTENDED	DATES	HOURS COMPLETED	GRADUATED	SCHOOL CONTACT	APPLICANT INITIAL
			o YES o NO	NAME: _____ PHONE #: _____	

SECTION 4 - THREE YEARS EMPLOYMENT HISTORY (APPLICANT)

NAME	ADDRESS/PHONE NUMBER/CONTACT PERSON	POSITION	DATES *(TO/FROM)*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 5 - CRIMINAL HISTORY (APPLICANT)

HAVE YOU EVER HELD A MASSAGE THERAPIST LICENSE IN ANOTHER MUNICIPALITY?	**HAS A LICENSE (OR APPLICATION) TO PRACTICE MASSAGE THERAPY EVER BEEN SUSPENDED, REVOKED, OR DENIED?**
o YES* o NO	o YES* o NO
_____	_____
**If yes, when & where?*	**If yes, when & where?*

HAVE YOU EVER BEEN CONVICTED OF A CRIME, EXCEPT MINOR TRAFFIC VIOLATIONS? o YES* o NO

*(*If yes, list the following conviction information.)*

DATE	CHARGE	NAME/LOCATION OF COURT	SENTENCE/FINE
_____	_____	_____	_____

SECTION 6 - ATTACHMENTS (APPLICANT) ***(check all that apply)***

PROOF OF DATE OF BIRTH *(COPY OF BIRTH CERTIFICATE OR VALID DRIVER'S LICENSE)*	o ATTACHED
DOCUMENTATION OF 300 HOURS OF INSTRUCTION IN MASSAGE THERAPY	o ATTACHED
CERTIFICATION IN AMERICAN RED CROSS FIRST AID AND AMERICAN HEART ASSOCIATION CPR OR EQUIVILENT	o ATTACHED
COPY OF ALL MASSAGE THERAPIST LICENSES	o ATTACHED
FILING FEE	o ATTACHED

SECTION 7 - ACKNOWLEDGEMENT AND SIGNATURE (APPLICANT)

CERTIFICATION: I declare that the foregoing statements are true and correct. I further understand that any misrepresentation or omission of facts upon this application will be reason for denial of a Massage Therapist License. I hereby authorize the City, its agents and employees to seek information and conduct an investigation into the truth of statements in this application including but not limited to: previous/current employment verification, education verification and criminal history verification.

SMC 5.140.145 requires the following for Student Massage Therapists.
The Supervising Massage Therapist should initial each box below indicating they understand and comply with these requirements

☐	All massage therapy must be conducted under the supervision of a massage therapist licensed in the City of Shawnee. Supervision shall mean the supervising therapist is available on the premises and is personally aware the student is performing massage therapy on a client.
☐	A supervising therapist must personally observe the student's massage techniques at least once during the massage therapy session.
☐	All advertisements for massage therapy that will be performed by a student will clearly inform the customer that a student under the supervision of a licensed massage therapist will perform the massage therapy.
☐	Prior to conducting any massage therapy, the student massage therapist will require the customer to sign and acknowledge he/she has been informed the massage therapy will be conducted by a student under the supervision of a licensed Massage Therapist. These acknowledgement documents will be maintained by the supervising massage therapist for a period of one year and will be produced at the request of any law enforcement officer or City official.
☐	For off-premises massage, a licensed massage therapist must be present and on the premises at all times when a Student Massage Therapist is performing massage therapy.

Applicant Signature _____ Date _____

Print Name _____ Company _____

Employer Signature _____ Title _____ Date _____

FOR CITY USE ONLY

Police Department

Initials _____ Date _____

Employment Verification

Initials _____ Date _____

Notes:

License Verification

Initials _____ Date _____

Notes:

Education Verification

Initials _____ Date _____

Notes:

Emergency Contact Information

Sometimes it may be necessary for the Police Department to contact authorized personnel of your business after normal business hours. Please list at least two (2) persons that can be contacted by the Police Department, should it become necessary. They should have door keys and be able to respond to assist officers if needed.

Name of Business: _____

Business Address: _____

Business Telephone: _____

First Contact Name: _____

Residence Telephone: _____

Cell Number: _____

Second Contact Name: _____

Residence Telephone: _____

Cell Number: _____

Third Contact Name: _____

Residence Telephone: _____

Cell Number: _____

Do you have an alarm system? ☐ Yes ☐ No

If yes, what type? ☐ Robbery ☐ Burglary

Alarm Company Name: _____

Alarm Company Telephone: _____

Date: _____ Signature: _____

If you would prefer future update requests via your business e-mail, please supply your e-mail address: _____

Print this form, complete the information and return it to the Community Development Department at City Hall.

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913.742.6247 ▪ cityofshawnee.org