



(512) 834-6616
www.dshs.state.tx.us/massage

Massage Therapy Educational Program Additional/New Space/Change of Main Location Application

With few exceptions, you have the rights to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023, 559.003 and 559.004.)

INSTRUCTIONS

1. **Please complete and submit this application with the appropriate original signatures. Documents with copied or stamped signatures will be returned. Incomplete applications may delay licensure. Please read Subchapter E Massage Schools and Massage Therapy Instructors of the 25 Texas Administrative Code for Massage Therapy.**
2. **Fee Information**
 Attach the appropriate application fee in the form of a **money order, personal check, or cashier's check** to the application.
 - **Additional locations**
 Fee for each additional location is **\$752.00** and must be submitted with the application.
 - Fee for a Change of Main Location/New space is \$376.00 and must be submitted with the application.
3. **Attach a list of instructional staff to the application along with their areas of instruction.**
4. **Mail the items requested above along with the completed application to:**

Texas Department of State Health Services
 Massage Therapy Licensing Program
 P.O. Box 12197
 Austin, Texas 78711-2197

5. If you have any questions or need further clarification, please feel free to contact our office at (512) 834-6616.

**Massage Therapy Licensing Program
Additional/Change of Main Location Application**

Type or print legibly. Incomplete applications will not be evaluated. Use N/A for "not applicable".

General Information

1. Legal Name of the Training Program: _____
2. Additional Location Address _____
(Street) City Zip
3. Additional Location Mailing Address _____
(Please include zip code)

4. Additional Location Telephone Number (including area code): _____
5. Addition Location Fax Number: (including area code): _____
6. Name of Person/Liaison (if different from owner/director):

7. Main location address: _____
(street) (city) (zip)
8. Main Location Telephone Number: _____
9. Main Location Fax Number: _____
10. Type of ownership _____ Partnership _____ Corporation _____ Other
11. Name of owning individual, partnership, (or names of partners), or corporation: _____

12. Registered address if corporation: _____
13. Address of partnership or individual owner: _____
(street) (city) (zip)
14. List all employees who exercise operational or managerial control over the school or directly or indirectly control the day-to-day operations of the school. **(Use an additional sheet if necessary, and identify as Attachment B.)**

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructional Staff

15. Attach a list of all instructional staff. Include their areas of instruction and any specialized training.

Additional Locations

16. List the addresses of the approved additional location(s), which are being renewed.

17. Attach a letter indicating the tentative schedule of when the new facility will be ready for inspection, including the issuance of the certificate of occupancy and fire inspection.

STATEMENTS OF ASSURANCE**Please read and initial each of the following statements of assurance.**

- _____ The programs are of such quality, content, and length as may reasonably and adequately achieve the stated objective for which the programs are offered. Nothing in the programs authorize the practice of diagnosis, the treatment of illness or disease, or any service or procedure for which a license to practice medicine, chiropractic, physical therapy or podiatry is required by law.
- _____ The Texas Department of State Health Services Massage Therapy Basic Curriculum Course Outline will be followed for the basic 500 hour course and the training program has been provided a copy.
- _____ There is adequate space, equipment, instructional material, and instructor personnel to provide training in accordance with the rules.
- _____ Education and experience qualifications of the directors and instructors meet the minimum requirements.
- _____ The training program will furnish the pre-enrollment information, offer a tour, a receipt form, and acknowledgment as described in Rule §141.37 to each student, prior to execution of the enrollment agreement.
- _____ The training program complies with all local, state, and federal regulations, such as fire, building, and sanitation codes.
- _____ The training program is financially stable and capable of fulfilling its commitments for instruction.
- _____ A master Student Registration List will be maintained.
- _____ Adequate records as prescribed by the rules will be kept to document attendance and student progress. Satisfactory standards relating to attendance, progress, and conduct are enforced.
- _____ The training program will maintain student academic transcripts which record academic records permanently and will retain all other student records for at least three (3) years from the last date attended for all students who graduated, dropped out, or transferred. Financial records will be retained as required by federal retention requirements, if applicable.
- _____ Transcripts will be available to prospective employers and to students at a reasonable charge if the student has fulfilled the financial obligation to the training program. The transcript shall include only subjects actually taught by the training program.
- _____ A current list of all representatives employed to recruit students will be maintained.
- _____ The training program will make available all of the records, documents, and necessary data required for approval under the Texas Occupations Code, Chapter 455, for inspection by authorized representatives of the Texas Department of State Health Services.
- _____ The training program will submit to the Texas Department of State Health Services prior notice of proposed changes in location, new programs, application, bulletin, supplements, addenda, and exhibits.
Approval must be obtained in advance of implementation.
- _____ The training program will not utilize false, deceptive, or misleading advertising, either by actual statement, omission, or intimation.
- _____ There is no action pending against the training program or against any of the owners, officers, staff, faculty, or sales representatives of the training program by any federal, state, or local agency. A statement of all misdemeanor and felony offenses of which the owners or operators have been convicted, entered a plea of nolo contendere or guilty, or received deferred adjudication must be included.

AFFIDAVIT

The individuals named below duly sworn, depose and say that the information in this application and accompanying information is true and correct to the best of their knowledge and belief. Further, the training program will be operated in compliance with all legal requirements. Any deficiencies will be corrected and changes in the operation will not be made until written approval from the Texas Department of State Health Services is received, if required by the rules.

Signature of each individual owner, or each partner, (if a partnership), or each director (if a corporation) is required. If applicant is another type of business entity, the Texas Department of State Health Services shall identify signatures needed.

(Signature)

(Typed Name and Title)

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

STATE OF _____ COUNTY OF _____, WHERE WITNESSED.

MY COMMISSION EXPIRES _____.

(Seal)

SIGNATURE OF NOTARY