



TEXAS
 Department of
 State Health Services
 Professional Licensing & Certification Unit
 Massage Therapy Licensing Program
 P.O. Box 149347, Mail Code 1982
 Austin, Texas 78714-9347
 (512) 834-6616
www.dshs.state.tx.us/massage

Massage Therapy Educational Program Renewal Application for Basic 500-Hour Program

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. This application is for renewal of the 500-hour basic program only.
3. **Fee Information**
 Attach the appropriate renewal fee in the form of a **money order, personal check, or cashier's check** to the application.
 - **Renewal fee is \$2002 (2 Year Renewal)**
 - **Additional locations**
 - Renewal fee for each additional location is **\$752 (2 Year Renewal)** and must be submitted with this renewal application.
 If renewing an existing approved location, complete Section IV of this application.
 If applying for a location not previously approved (fee is \$755 for 2 Year), you must request an application from the department.
4. **Attach completed annual financial statements for your training program's most recently completed fiscal year.** (Refer to §140.30 which specifically outlines what your financial statements are to include.)
5. **Attach a list of instructional staff to the application along with their areas of instruction. Legal name and license number is required.**
6. Please do not attach your school catalog to this application. Your current catalog will be requested during your unannounced annual inspection. Your school license may be renewed prior to your unannounced annual inspection.
7. **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
8. If you have any questions or need further clarification, please feel free to contact our office at (512) 834-6616.

**Massage School
Renewal Application for Basic 500-Hour Program**

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. Name of Contact Person/Liaison (if different from owner/director): _____
3. Program Address: _____
4. Program Complete Mailing Address: _____

5. Program Telephone Number (including area code): _____
6. Program Fax Number (including area code): _____
7. Type of ownership: _____ Partnership _____ Corporation _____ Other
If other, please explain: _____

8. Name of owning individual, partnership, (or names of partners), or corporation:

9. Registered address if corporation: _____
10. Complete address of partnership or individual owner:

11. List all partners. If this is a corporation, list all officers, directors and registered agents. In addition, list each shareholder owning stock aggregating at least 35% of the total issued and outstanding shares. **Subsidiary corporations should list the parent corporation as stockholder. (Use an additional sheet if necessary, and identify as Attachment A.)**

Name	Title	Address	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.)

12. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Financial Statements

Attach completed annual financial statements for your most recent fiscal year. **Please read Rule §141.30 Financial Stability.** (§141.30 specifically outlines what your financial statements must include.)

Instructional Staff

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

Additional Locations

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

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.

OWNER'S AFFIDAVIT

Pages 5 and 6 of this form must be executed and submitted by each of the following: (Photocopy if necessary)

1. The individual person, in the case of individual ownership;
2. Each partner, in the case of ownership by a partnership;
3. Each shareholder, owning at least 35% of the total issued and outstanding shares, each director, and each officer in the case of ownership by a profit corporation; or
4. Each director, in the case of ownership by a non-profit corporation (each director or officer of the corporation).

Legal Name of the Training Program: _____

Training Program Address: _____

Position: _____

Name: _____
 (Last) (First) (Middle)

Maiden Name: _____ (If Applicable)

Social Security Number: _____

The disclosure of a social security number by an applicant is mandatory under the Family Code, Section 231.302 and the Health Insurance Portability and Accountability Act of 1996, Section 221. Social Security numbers are confidential and will be used for identification and reporting purposes by law.

Date of Birth: _____

Business Address: _____
 (Street, City, State, Zip)

Home Address: _____
 (Street, City, State, Zip)

 Daytime Phone (Include Area Code)

 Home Phone (Include Area Code)

Please answer the following questions. If a question does not apply, enter "Not Applicable". Do not leave any space blank. Use additional sheets if necessary to answer questions.

1. List all other states in which you have operated a training program.

2. List all proprietary and/or massage training programs in which you have held an ownership interest of at least 35% or by which you have been employed in any capacity whether in or out of this state.

3. If you have ever had a diploma, credential, license or certificate of any kind denied, revoked, or suspended, or if you have held an ownership interest of at least 35% in, or been employed by, any proprietary training programs whose credentials, license, or certification has been denied, revoked, or suspended, **please state the facts here.**
4. If you have ever been convicted of a felony or a misdemeanor other than a minor traffic violation, **please state the date, court, offense, and punishment.**

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