



# CALIFORNIA MASSAGE THERAPY COUNCIL Application for Certification

Ver. 20121213p

Office Use Only

1. Have you read ALL of the Application Instructions? ☐ Yes ☐ No
2. Do you understand the difference between Massage Therapist and Massage Practitioner Certification? ☐ Yes ☐ No

If you answered "Yes" to questions (1.) and (2.) above, then please proceed - otherwise PLEASE READ THE INSTRUCTIONS before continuing the application process. Please remember that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, non-approval, or additional processing fees.

3. I am applying to become a CAMTC Certified: ☐ MESSAGE THERAPIST ☐ MESSAGE PRACTITIONER

4. Full Name -> First Name:  Middle Name:  Last Name:

Note: Post Office boxes and mail drops may not be used here – only physical address.

5. Home Address -> Street:  City:  State:  Zip:

6. Is your Mailing Address the same as the above Home Address where you live? ☐ Yes ☐ No

If you answered "No" to question (6.) above, then please provide your Mailing Address in question (7.) below; otherwise, you may leave question (7.) blank and proceed to question (8.). Please remember that your Application may be delayed, or you may be required to pay additional processing fees if you provide CAMTC with an incorrect Mailing Address.

7. Mailing Address -> Street:  City:  State:  Zip:

8. Phone Numbers (use numbers only - no dashes) -> Home:  Work:  Cell:

9. eMail A:  eMail B:

10. Do you have a Website? ☐ Yes ☐ No

If yes, please provide the URL -> http://

11. California Driver's License or Official State Identification Information (required):

Please provide all of the following information exactly as it appears on your Driver's License or Official State ID. This information is necessary to verify the Live Scan Fingerprint Information received from the Department of Justice ("DOJ") after you submit your fingerprints through a Live Scan Service Provider (see Application Instructions). If you do not have a Driver's License or Official State ID, please skip this question and continue to question (12.) below.

Driver's License Number (or State ID):  Expiration Date:  ☐ Male ☐ Female

Date of Birth:  Height:  Weight:  Eye Color:  Hair Color:

Street:  City:  State:  Zip:

12. Social Security Number:  -  -

13. Are you a U.S. Citizen? ☐ Yes ☐ No

If not, please provide a copy of a valid I-551 permanent residency card or valid employment authorization card.

14. Have you ever changed your name through marriage or through the action of a court, used another name in your massage profession, or have you ever been known by any other name? ☐Yes ☐No

If you answered "Yes" to (14.) above, please list all of your other name(s):

Other Name 1:  Other Name 2:

Other Name 3:  Other Name 4:

15. Place of Birth -> City:  Province or State:  Country:

16. Do you now hold or have you ever held any license (medical or professional service), or any registration, certification, or licensing to practice Massage Therapy or any other profession in any city or county in any state or province, U.S. territory, or foreign country? ☐Yes ☐No

If you answered "Yes" to (16.) above, please list all of your Massage Therapy and other professional registrations, permits, or licenses, including your Registration, Permit, or License Number; First Date of Issuance; City; State or Province and Country of Issuance, and License Status. If your registration, permit, or license is currently inactive, please provide the Reason for Inactivity:

a. Lic. #:  Type:  Date of Issuance:   
City:  Province or State:  Country:   
Reason:

License or Authorization STATUS

☐Active ☐Inactive

b. Lic. #:  Type:  Date of Issuance:   
City:  Province or State:  Country:   
Reason:

License or Authorization STATUS

☐Active ☐Inactive

c. Lic. #:  Type:  Date of Issuance:   
City:  Province or State:  Country:   
Reason:

License or Authorization STATUS

☐Active ☐Inactive

17. Have you COMPLETED **250 HOURS** or more of Massage Therapy education from Approved schools? ☐Yes ☐No

18. Is the school you attended **still in business**? (If your answer is "No", please skip to question (21.) now.) ☐Yes ☐No

19. Is the school you attended **in** California? (If your answer is "No", please skip to question (21.) now.) ☐Yes ☐No

20. Please provide all Massage Therapy Schools that you attended; attach an additional page if needed. Applicants from some schools may be required to provide additional documentation. Please see <http://www.camtc.org/Schools.aspx> for details.

21. If you attended a school that is now closed, has changed its name, or is OUTSIDE of California, please provide the following information about your school (to the best of your ability). [See Instructions](#).

Full Name of Massage Therapy School you attended:  Country:

Street:  City:  Province or State:  Zip:

School Phone:  School eMail:  School Website:

22. Please enter the TOTAL DOCUMENTED HOURS of Education from ALL Massage Therapy Schools you have attended:

23. Indicate if you have passed any of the following exams. If so, you are required to have the examining board send proof directly to CAMTC. If you qualify for certification without the exam, you do not need proof sent.

☐ MBLEX ☐ NCETMB ☐ NCETM ☐ NESL

Pass Date:

24. Please provide your Graduation Date from the primary Massage Therapy School you attended. If you did not graduate, please select the most appropriate explanation for your non-graduation, or type in your own brief explanation:

Graduation Date:  Explanation for Non-Graduation:

My Own Explanation:

25. Are you currently WORKING in the field of Massage Therapy on paying clients (excluding intern/externships)? ☐ Yes ☐ No

If you answered "Yes" to (25.) above, then please provide the following BUSINESS INFORMATION for **all** locations where you currently provide Massage Therapy services. You must request directly from CAMTC that an official copy of your CAMTC Certificate be provided for display at each place of business according to CA B&P Code Section 4603.7. If you work at more than two (2) locations, please enter the additional locations on the attached "Location Supplement Sheet" (see page six).

a. Business Name:  Primary Business Contact:

Street:  City:  State:  Zip:

Business Phone:  Business eMail:  Business Website:

Approximate Start Date:

Please indicate your work status: ☐ Employee ☐ Independent Contractor ☐ Paying for Use of Space ☐ Self-Employed  
☐ Employer ☐ Manager ☐ Instructor ☐ Other

b. Business Name:  Primary Business Contact:

Street:  City:  State:  Zip:

Business Phone:  Business eMail:  Business Website:

Approximate Start Date:

Please indicate your work status: ☐ Employee ☐ Independent Contractor ☐ Paying for Use of Space ☐ Self-Employed  
☐ Employer ☐ Manager ☐ Instructor ☐ Other

26. Prospective employer (if any).

Business Name:  Primary Business Contact:

Street:  City:  State:  Zip:

Business Phone:  Business eMail:  Business Website:

Approximate Start Date:

Please indicate your work status: ☐ Employee ☐ Independent Contractor ☐ Paying for Use of Space ☐ Self-Employed  
☐ Employer ☐ Manager ☐ Instructor ☐ Other

27. Please provide all of your Previous Work Locations within the past ten (10) years. If you have worked at more than two (2) locations within the past ten (10) years, please enter your additional work locations on the attached "Location Supplement Sheet" (see pg. six).

a. Business Name:  Primary Business Contact:   
Street:  City:  State:  Zip:   
Business Phone:  Business eMail:  Business Website:   
Approximate Start Date:  Approximate End Date:   
Please indicate your work status: ☐Employee ☐Independent Contractor ☐Paying for Use of Space ☐Self-Employed  
☐Employer ☐Manager ☐Instructor ☐Other

b. Business Name:  Primary Business Contact:   
Street:  City:  State:  Zip:   
Business Phone:  Business eMail:  Business Website:   
Approximate Start Date:  Approximate End Date:   
Please indicate your work status: ☐Employee ☐Independent Contractor ☐Paying for Use of Space ☐Self-Employed  
☐Employer ☐Manager ☐Instructor ☐Other

28. Please provide all of your Previous Residential Locations for the past ten (10) years. If you have lived in more than two (2) locations within the past ten (10) years, please enter your additional locations on the attached "Location Supplement Sheet" (see pg. seven).

a. Street:  City:  State:  Zip:   
b. Street:  City:  State:  Zip:

#### APPLICANT HISTORY SECTION

A "Yes" answer to any of the following questions requires a separate statement explaining in your own words the complete details regarding the incident or event. All supporting documentation to a "Yes" answer must be attached to your initial application at the time you file your application with CAMTC. CAMTC may request additional documentation as needed.

**Failure to disclose information is considered an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial of certification or revocation of certificate.**

29. Have you ever received an administrative citation related to, or been refused a license or license-renewal to practice massage therapy or any other profession in any city, county, state, country or jurisdiction? ☐Yes ☐No
30. Have you ever had a license or certification of registration or permit to practice massage therapy or any other licensed profession revoked, suspended or otherwise acted against (including administrative citation, probation, fine, reprimand, or surrender of a license) in a disciplinary proceeding or in response to an investigation? ☐Yes ☐No
31. Is there currently pending against you in any city, county, state, country or jurisdiction a complaint against your professional conduct (sexual misconduct or otherwise) or professional competence? ☐Yes ☐No
32. Have you ever been convicted of any offense other than a minor traffic violation? If yes, please explain fully as described in the instructions. Convictions MUST be reported even if they have been adjudicated, dismissed or expunged or if a diversion program has been completed. The definition of conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. You MUST include misdemeanor as well as felony convictions. ☐Yes ☐No

#### APPLICANT AFFIDAVIT & RECORD RELEASE

**This Application is Incomplete Unless All "Yes" Boxes Below and to the Right are Checked** ↘

I,  ("the Applicant"), affirm that I am the person referred to in the foregoing CAMTC Certification Application (the "Application"), and that **the attached passport photograph is less than sixty (60) days old** and is a truelikeness of myself. ☐ YES

I further affirm that I am in good health and not suffering from any mental or physical health condition that might affect my own personal health and safety in performing Massage Therapy, or that might affect the personal health and safety of my Massage Therapy clients. ☐ YES

I understand that it is my duty and responsibility as an Applicant for California Massage Therapy Council (CAMTC) Certification per CA Business & Professions Code Section 4600 et seq. to supplement and/or update my Application after it has been submitted if and when any change in circumstances or conditions occur which might affect CAMTC's decision concerning my eligibility for Certification. Failure to supplement and/or update my Application may result in disciplinary action by CAMTC including but not limited to denial or revocation of my Certification. ☐ YES

I understand that it is my responsibility by law to provide CAMTC with any **CHANGE OF HOME ADDRESS or CHANGE OF BUSINESS ADDRESS within 30 DAYS** of any such change, and that failure to report such changes in a timely manner to CAMTC may result in disciplinary action by CAMTC including but not limited to revocation of my Certification. I also understand that I may be required to provide a copy of, or other evidence of my Certification to local cities and counties in California if requested, and that I may be required to obtain a business license to practice my profession unless I am a W-2 employee.

☐ YES

I understand that it is my responsibility by law to include the name under which I am certified and my certificate number in any and all advertising, including but not limited to business cards and websites, and I shall display an original certificate at my place(s) of business.

☐ YES

I hereby authorize Law Enforcement Agencies (LEA), government agencies, and other massage related entities to release my records to CAMTC upon request, and I hereby authorize CAMTC to share all information about me, whether provided by me or others, including personal information, with LEA, government agencies, and other massage related entities upon request. (Note: we will not sell or release personal information for marketing purposes.)

☐ YES

I understand and agree that CAMTC may consider applicants (and renewals) practicing massage in an establishment that advertises in any adult and/or sexually oriented section of any form of media whether printed or digital, and applicants (and renewals) who own a massage establishment that advertises in any adult and/or sexually oriented section of any form of media, whether printed or digital, to be engaged in unprofessional conduct. I further understand and agree that a finding of unprofessional conduct may preclude certification or renewal of certification.

☐ YES

I HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM COMPLETELY, WITHOUT RESERVATION OF ANY KIND, AND I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT MY ANSWERS AND ALL STATEMENTS MADE BY ME HEREIN AND IN SUPPORT OF THIS APPLICATION **ARE TRUE AND CORRECT**. Should I furnish any false information on or in support of this Application, I understand that such action shall constitute cause for denial, suspension, or revocation of any Certification in the State of California in the profession for which I am applying.

☐ YES

**I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE STATUTES AND RULES APPLICABLE TO THE PRACTICE OF MY PROFESSION IN CALIFORNIA.**

I understand that my Application Fee is non-refundable regardless of the ultimate disposition of my application.

I understand that if my Application is not complete, it will be purged 1 year after last date of activity and after multiple reminders to my stated email and home addresses have been sent by CAMTC. Once it is purged, I will need to start the entire process over, including paying \$150 application fee, submitting Live Scan prints, securing official transcript(s), etc.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE **TAPE YOUR**  
2" x 2" RECENT  
**PASSPORT PHOTO**  
**HERE**

Use **one** small piece of double-sided tape on the back of your photo and please remember to **print your Name and Driver's License Number** on the back of your photo.

#### Please Select Your Payment Method:

☐ Personal Check ☐ Cashier's Check ☐ Money Order ☐ Credit Card Online ☐ Credit Card (Below):


Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover Your Credit Card Billing Zip Code:  Code

Name on Card:  Credit Card #:  Exp. Date:

### Check List

Items 1 - 6 are required from ALL APPLICANTS. Item 7 may be required by some applicants (please see instructions).

1. APPLICATION. Completed, **Signed and Dated**, "CAMTC Application for Certification" form.
2. PHOTO. Recent **Passport Photo** (less than 60 days old) attached to Application using one piece of double-sided tape.
3. DRIVER'S LICENSE. Good clean **Photocopy of your Driver's License**.
4. FEE. Check or **Money Order for \$150.00 made out to "CAMTC"** (or pay by Personal Check, or by Credit Card here or online).
5. TRANSCRIPTS. **Official School Transcripts** sent directly from your school(s) to the CAMTC address below.
6. FINGERPRINTS. **Live Scan Fingerprints** - please see instructions - one-time additional fee of approximately \$80 to \$90.
7. DOCUMENTATION. Supporting Documentation as needed for questions (29.), (30.), (31.) and (32.) of Application.

Please mail this APPLICATION including photo, fee, transcripts, and any supporting documentation to: 

**California Massage Therapy Council**  
**One Capitol Mall, Suite 320**  
**Sacramento, CA 95814**

NOTE: Your Live Scan Fingerprint results will be forwarded automatically to the CAMTC after you complete the Live Scan Fingerprint process - [please see instructions](#).

## Location Supplement Sheet

Please Enter Additional Current Work Locations Here:

c. Business Name:  Primary Business Contact:   
Street:  City:  State:  Zip:   
Business Phone:  Business eMail:  Business Website:   
Approximate Start Date:   
Please indicate your work status: ☐Employee ☐Independent Contractor ☐Paying for Use of Space ☐Self-Employed  
☐Employer ☐Manager ☐Instructor ☐Other

d. Business Name:  Primary Business Contact:   
Street:  City:  State:  Zip:   
Business Phone:  Business eMail:  Business Website:   
Approximate Start Date:   
Please indicate your work status: ☐Employee ☐Independent Contractor ☐Paying for Use of Space ☐Self-Employed  
☐Employer ☐Manager ☐Instructor ☐Other

e. Business Name:  Primary Business Contact:   
Street:  City:  State:  Zip:   
Business Phone:  Business eMail:  Business Website:   
Please indicate your work status: ☐Employee ☐Independent Contractor ☐Paying for Use of Space ☐Self-Employed  
☐Employer ☐Manager ☐Instructor ☐Other

Please Enter Additional Previous Work Locations (Within The Past Ten (10) Years) Here:

c. Business Name:  Primary Business Contact:   
Street:  City:  State:  Zip:   
Business Phone:  Business eMail:  Business Website:   
Approximate Start Date:  Approximate End Date:   
Please indicate your work status: ☐Employee ☐Independent Contractor ☐Paying for Use of Space ☐Self-Employed  
☐Employer ☐Manager ☐Instructor ☐Other

d. Business Name:  Primary Business Contact:   
Street:  City:  State:  Zip:   
Business Phone:  Business eMail:  Business Website:   
Approximate Start Date:  Approximate End Date:   
Please indicate your work status: ☐Employee ☐Independent Contractor ☐Paying for Use of Space ☐Self-Employed  
☐Employer ☐Manager ☐Instructor ☐Other

e. Business Name:  Primary Business Contact:   
Street:  City:  State:  Zip:   
Business Phone:  Business eMail:  Business Website:   
Approximate Start Date:  Approximate End Date:   
Please indicate your work status: ☐Employee ☐Independent Contractor ☐Paying for Use of Space ☐Self-Employed  
☐Employer ☐Manager ☐Instructor ☐Other

Please Enter Additional Previous Residential Locations (Within the Past Ten (10) Years) Here:

c. Street:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
d. Street:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
e. Street:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
f. Street:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
g. Street:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>