



CALIFORNIA MASSAGE THERAPY COUNCIL
Application for Massage School Approval

Ver. 4.1.15

Office Use Only

APPLICATION CHECKLIST

In accordance with CAMTC's Policies and Procedures for Approval of Schools, please make sure you have included the following with your application packet:

1. Application for Massage School Approval (typed, signed, and dated; separate application for each campus or branch)
2. Payment (one check or money order per school application packet)
 - Non-refundable application fee of \$750.00 (separate fee for each campus or branch; application fee waived for public colleges or universities of the California state higher education system, as defined in Section 100850 of the Education Code), **PLUS**
 - Non-refundable background check fee of \$41 for every background check required
3. Application and accompanying materials shall be submitted in a three-ring binder in which the following shall be labeled, with its own divider, in this order (please refer to the Policies and Procedures for Approval of Schools for more detailed requirements):
 - Application
 - Approvals
 - Management
 - Ownership Worksheet (separate worksheet for each owner)
 - Administrator Qualification Form (separate form for each administrator)
 - Background Check List
 - Transcripts
 - Transcript Checklist
 - Enrollment Agreement
 - Enrollment Agreement Checklist
 - Course Catalog
 - Course Catalog Checklist
 - Curriculum
 - Program Hour Worksheet
 - Faculty
 - Faculty List
 - Instructor Qualification Form (separate form for each instructor)
 - Facility
 - Advertising
4. A copy of the entire application and packet in electronic PDF format on a flash drive.
5. **Note:** Instructions for submitting background checks will be emailed to each individual once the school application has been processed. The school application is considered incomplete until all background checks are complete.

Mail Application Packet to:
California Massage Therapy Council
ATTN: School Approval
One Capitol Mall, Suite 800
Sacramento, CA 95814



CALIFORNIA MASSAGE THERAPY COUNCIL
Application for Massage School Approval

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PLEASE READ the Policies and Procedures for Approval of Schools before continuing the application process. Providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of your application for school approval, disciplinary action, revocation of school approval, or additional processing fees.

<input type="checkbox"/> New School/Approval	<input type="checkbox"/> Change of Ownership CAMTC School Code: _____	<input type="checkbox"/> Change of Location CAMTC School Code: _____	<input type="checkbox"/> Change of Name CAMTC School Code: _____
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SECTION A: SCHOOL INFORMATION

School Name		Previous School Name (if changing names)	
School Telephone Number		School Website	
School Address	City	CA	Zip Code
Mailing Address (if different from school address)	City	CA	Zip Code
Satellite Location Address (add additional pages if necessary)	City	CA	Zip Code
Previous Address (if changing addresses)	City	CA	Zip Code
Director/Administrator Name & Job Title	Email	Telephone Number	
Contact Name for this Application & Job Title	Contact Email	Contact Telephone Number	

SECTION B: SCHOOL ELIGIBILITY Please initial each requirement or the application will be considered incomplete.

<input type="checkbox"/>	The school and massage program(s) are approved and/or accredited by at least one agency as defined by California Business and Professions Code section 4601. Please list all approval and/or accrediting agencies below, adding additional pages if necessary.									
	<table border="1"> <thead> <tr> <th>Approval/Accrediting Agency</th> <th>Agency Website</th> <th>School Code Number</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> </tbody> </table>	Approval/Accrediting Agency	Agency Website	School Code Number	1.			2.		
Approval/Accrediting Agency	Agency Website	School Code Number								
1.										
2.										
<input type="checkbox"/>	The school and massage program operating under this name and approval/accreditation number(s) listed above are not and have not been un-approved by CAMTC. No person who owns, operates, or administers the school owns, operates, or administers or has owned, operated, or administered another school that is or has been un-approved by CAMTC. The address(es) associated with this school are not now and have not been associated with a school that is or has been un-approved by CAMTC.									
<input type="checkbox"/>	The school offers at least one program clearly identified as a professional massage program that grants students a certificate, diploma, or degree in massage. Other professional education programs that include massage as a component of their programs are not eligible.									
<input type="checkbox"/>	Massage program(s) provides an organized plan of study of massage and related subjects for a minimum of 500 supervised clock hours (or credit unit equivalent) containing, at minimum, 64 hours of anatomy and physiology; 13 hours of contraindications; 5 hours of health and hygiene; and 18 hours of business and ethics. The massage program(s) shall also incorporate appropriate school assessment of student knowledge and skills. CAMTC does not accept online or distance learning hours, including but not limited to, externships, homework, and self-study or credits through challenge examinations, achievement tests, or experiential learning.									

SECTION B: CONTINUED

Please list all massage programs that meet ALL of the above requirements and for which you are seeking approval. Please DO NOT list programs that are recreational, avocational, or continuing education, or do not meet ALL of the above requirements. Add additional pages if necessary.

Message Program Name	Total Number of Program Hours
1.	
2.	
3.	
4.	

SECTION C: ABOUT THE SCHOOL

1. NUMBER OF GRADUATES. Please list the TOTAL number of graduates from ALL massage programs for which the school seeks approval. Do not include continuing education classes or other programs. Put "0" if the program is new or had no graduates.

Estimated Graduates for CURRENT Calendar Year:		Graduates for PREVIOUS Calendar Year:	
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2. TYPE OF BUSINESS ORGANIZATION.

Individual/Sole Proprietorship
 Married Couple
 Partnership
 For Profit Corporation
 Non-Profit Corporation
 Limited Liability Corporation
 Public Institution

3. RELATED SCHOOLS. If this school or campus shares its name, address, or ownership with another school(s) seeking CAMTC school approval, please list, adding additional pages if necessary (NOTE: each campus must submit a separate application)

4. OTHER PROGRAM(S). If this school offers educational program(s) other than massage, please list, adding additional pages if necessary:

SECTION D: DECLARATION Please initial each requirement or the application will be considered incomplete.

- I understand that it is my responsibility to submit an application to CAMTC and receive written approval from CAMTC for **any CHANGE of APPROVAL or ACCREDITATION, any CHANGE of OWNERSHIP, any CHANGE of SCHOOL LOCATION or CHANGE or ADDITION of ADDITIONAL LOCATIONS, and any CHANGE of SCHOOL NAME PRIOR** to any such change or addition, and that failure to apply for and receive CAMTC approval for such changes or additions may result in disciplinary action by CAMTC against the school, including but not limited to revocation of school approval.
- I understand that it is my responsibility to include the school name under which I am approved and my school approval code in any and all advertising related to the approved massage program(s), including but not limited to business cards and websites, and I shall post an original CAMTC school approval certificate on the school premises in an area easily visible to the public.
- I understand that upon preliminary review of my application, CAMTC will contact school to schedule a site visit and inspection, which may include inspection of school records. I hereby authorize CAMTC to conduct this and future site visits and inspections including inspections of records during stated business hours with or without notice at any time whatsoever and for any reason.
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SECTION D: CONTINUED

I understand that, as of July 1, 2016, CAMTC will only accept education from CAMTC approved schools for the purposes of CAMTC certification. I understand that, should I choose to pursue CAMTC school approval, I may apply at any time, but to be guaranteed a site visit and the potential for school approval by July 1, 2016, I must submit a fully completed application for school approval and ensure that it is received by CAMTC no later than May 1, 2015. I understand that any hindrance or delay in the application process on my part may result in the school approval being delayed. I understand that CAMTC cannot guarantee approval or approval by a certain date.

I understand that if my application is not complete, it will be purged one (1) year after the last date of activity and after a reminder to my stated email and address have been sent by CAMTC. Once it is purged, I understand that I will need to start the entire process over, including paying the application fee and meeting all of the requirements for school approval that exist at the time. I understand that once my application is considered to be complete, it may not be withdrawn.

I understand that my Application Fee is non-refundable regardless of the ultimate disposition of my application. I understand that if I am granted CAMTC school approval, it is only for a period of two (2) years, and it is my responsibility to submit a fully completed application for re-approval and ensure that it is **received** by CAMTC at least six (6) months **before** the expiration date listed on my school approval. I understand that a reminder notification may be sent to me as a courtesy, but failure to receive the reminder notification does not waive my responsibility to submit a fully completed application for re-approval and ensure that it is received at least six (6) months before my current school approval expires. I understand that if a fully completed application for re-approval is not received by CAMTC at least six (6) months prior to my school approval expiring, I will be required to apply for school approval as a **new applicant** and I will have to meet all of the requirements for school approval that exist at the time. I understand that CAMTC per law can only accept education from CAMTC approved schools and that any education received by students during times when this school is not approved cannot be accepted by CAMTC for certification purposes. **I UNDERSTAND THAT UNDER NO CIRCUMSTANCES CAN THIS POLICY BE WAIVED.**

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 HERE IN AND IN SUPPORT OF THIS APPLICATION **ARE COMPLETE, TRUE, ACCURATE, AND CORRECT.** Should I furnish any false information on or in support of this Application, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, revocation, or action against my CAMTC School Approval.

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES AND RULES APPLICABLE TO CAMTC'S APPROVAL OF SCHOOLS IN CALIFORNIA.

WHO MUST SIGN THIS FORM:
(add additional pages if necessary)

If Individual/Sole Proprietorship: **THE OWNER**
 If a Married Couple: **BOTH INDIVIDUALS**
 If a Partnership: **ALL PARTNERS**
 If a Corporation or LLC: **THE PRESIDENT, THE TREASURER, or MEMBER (for LLC)**
 If Public Institution: **THE DEAN**

X _____
 Signature #1 Date

 Printed Name #1 Title

X _____
 Signature #2 Date

 Printed Name #2 Title

X _____
 Signature #3 Date

 Printed Name #3 Title

X _____
 Signature #4 Date

 Printed Name #4 Title

FOR CHANGE OF OWNERSHIP ONLY:

X _____
 Previous Owner Signature #1 Date

 Printed Name #1 Title

X _____
 Previous Owner Signature #2 Date

 Printed Name #2 Title

X _____
 Previous Owner Signature #3 Date

 Printed Name #3 Title

X _____
 Previous Owner Signature #4 Date

 Printed Name #4 Title



**CALIFORNIA MASSAGE THERAPY COUNCIL
Owner Worksheet**

Ver. 4.1.15

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1. Each person who owns or controls any stock or interest in the school if the school is a Corporation that is not publicly traded, is a Partnership, or is individually owned, or who are members of an LLC that owns an interest in the school, must provide a separate Owner Worksheet (not necessary for public institutions). If the school is a publicly traded Corporation, each individual who owns 25% or more of the stock of the Corporation must provide a separate Owner Worksheet.
2. Attach a copy of a current valid government issued photographic identification for each worksheet.
3. Include non-refundable background check payment of \$41 for each individual, with school fees. Instructions for submitting the background check will be emailed once the school application has been processed. This Owner Worksheet is considered incomplete until the background check is complete. (Current CAMTC certificate holders, those who have submitted a CAMTC background check for another school in the past two years, and employees of public colleges or universities of the California state higher education system, as defined in Section 100850 of the Education Code, are exempt from providing a background check.)
4. Providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of your application, disciplinary action, revocation of your approval, or additional processing fees.

I am completing this Worksheet as a: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Married Couple <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> LLC			
SECTION A: OWNER INFORMATION			
Last Name		First Name	
Telephone Number		Email	
Percentage of Ownership		Nature of Interest	
Home Address		City	State Zip Code
Social Security Number (SSN) or Federal Employer Identification Number (EIN)			Date of Birth
Do you hold or have you held any certifications issued by the CAMTC? If Yes , please list certificate number: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION B: OWNER DECLARATION A "Yes" answer to any of the following questions requires a separate written statement explaining in your own words all of the complete details regarding the incident(s) or event(s). All supporting documentation to a "Yes" answer must be attached to this Worksheet at the time you file your application for CAMTC school approval. CAMTC may request additional documentation as needed.			
Have you ever received an administrative or civil citation related to the practice of massage therapy, a massage therapy business, or a school, or any other profession, or been denied or refused the renewal of a license, permit, certificate, or other authorization to practice massage therapy or related to a massage therapy or school business or any other profession in any city, county, state, country or jurisdiction?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a license, certificate, certification of registration, permit, or other authorization for a massage therapy business, to practice massage therapy, or operate a school, or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had, or 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any complaints made against you to a school, regulatory organization, government agency, or made to you directly, in relation to your conduct as a massage professional or in relation to a massage therapy business or school you currently or in the past have owned/operated, provided instruction or massage services at, or were part of the faculty?			<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B: CONTINUED

Have you ever been convicted of any criminal offense? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified in the Health and Safety Code, sections 11361.5 and 11361.7.) Convictions MUST be reported even if they have been adjudicated, dismissed or expunged. The definition of a conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. You MUST include ALL convictions, including infractions, misdemeanors, and felonies.

Yes No

I hereby authorize CAMTC to run and/or receive information from background checks and I further authorize Law Enforcement Agencies (LEA), government agencies, and other massage or school related entities to release all records related to the school and its owners to CAMTC upon request, and I hereby authorize CAMTC to share all information about the same, whether provided by the school or others, including personal information, with LEA, government agencies, and other massage or school related entities upon request. (Note: we will not sell or release personal information for marketing purposes.)

Yes No

I understand that it is my duty and responsibility to fully disclose all requested information and to supplement and/or update my Application for school approval and/or this Worksheet after it has been submitted and to update my information and notify CAMTC should I receive school approval, if and when any change in circumstances or conditions occurs which might affect CAMTC's decision concerning my school approval. Failure to supplement and/or update my Application or update my information with CAMTC as an approved school may result in disciplinary action by CAMTC against the school, including but not limited to denial of my application or revocation of my school approval.

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 HERE IN AND IN SUPPORT OF THIS APPLICATION **ARE COMPLETE, TRUE, ACCURATE, AND CORRECT**. Should I furnish any false information on or in support of this Application and/or Worksheet, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, revocation, or action against my CAMTC School Approval.

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES AND RULES APPLICABLE TO CAMTC'S APPROVAL OF SCHOOLS IN CALIFORNIA.

X Signature

Date

Title



CALIFORNIA MASSAGE THERAPY COUNCIL
Administrator Qualification Form

Office Use Only

Ver. 1.1.15

1. ALL non-owner massage program administrators, including but not limited to chief executive officer, chief operating officer, chief academic officer, dean, executive director, director, registrar, and all those who will oversee faculty or students on a full or part-time or temporary basis and those responsible for recording, securing, or producing student records intended to fulfill CAMTC certification requirements must provide a separate Administrator Qualification Form.
2. Attach a copy of a current valid government issued photographic identification or CAMTC ID Card for each worksheet.
3. Include non-refundable background check payment of \$41 for each individual, with school fees. Instructions for submitting the background check will be emailed once the school application has been processed. This Instructor Qualification Form is considered incomplete until the background check is complete. (Current CAMTC certificate holders, those who have submitted a CAMTC background check for another school in the past two years, and employees of public colleges or universities of the California state higher education system, as defined in Section 100850 of the Education Code, are exempt from providing this background check.)
4. Providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of your application, disciplinary action, revocation of your approval, or additional processing fees.

SECTION A: ADMINISTRATOR INFORMATION			
Last Name		First Name	
Title/Position	Telephone Number	Email	
Home Address		City	State Zip Code
Social Security Number		CAMTC ID # (if any)	Date of Birth
Primary Massage School Attended (if any; add additional pages if necessary)		City, State	Date of Graduation
Primary College/University Attended (if any; add additional pages if necessary)		City, State	Date of Graduation
SECTION B: WORK EXPERIENCE			
Name of School for which you are submitting this form	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	City, State	Dates of Employment
Other School where CURRENTLY working (add additional pages if necessary)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	City, State	Dates of Employment
Other School where PREVIOUSLY worked (add additional pages if necessary)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	City, State	Dates of Employment
CURRENT Other Massage Employment (add additional pages if necessary)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	City, State	Dates of Employment
PREVIOUS Other Massage Employment (add additional pages if necessary)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	City, State	Dates of Employment
Primary Duties (add additional pages if necessary)	Education/Training Applicable to Duties		

SECTION C: DECLARATION A "Yes" answer to any of the following questions requires a separate written statement explaining in your own words all of the complete details regarding the incident(s) or event(s). All supporting documentation to a "Yes" answer must be attached to this Worksheet at the time you file your application for CAMTC school approval. CAMTC may request additional documentation as needed.

Have you ever received an administrative or civil citation related to the practice of massage therapy or a massage therapy business, or any other profession, or been denied or refused the renewal of a license, permit, certificate, or other authorization to practice massage therapy or related to a massage therapy or school business or any other profession in any city, county, state, country or jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a license, certificate, certification of registration, permit, or other authorization for a massage therapy business or to practice massage therapy, or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had, or 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any complaints made against you to a business or made to you directly in relation to your conduct as a massage professional, massage instructor, massage faculty, massage administrator or in relation to a massage therapy business or school you currently own/operate or administer or have in the past owned, operated or administered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked, volunteered, or otherwise been associated in any capacity with a school that is or has been un-approved by CAMTC or been convicted of any criminal offense? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified in the Health and Safety Code, sections 11361.5 and 11361.7.) Convictions MUST be reported even if they have been adjudicated, dismissed or expunged. The definition of a conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. You MUST include ALL convictions, including infractions, misdemeanors, and felonies.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have read, understand, and agree to comply with CAMTC's Policies and Procedures for Approval of Schools. Failure to inform CAMTC and my school administration and/or Owners of any change in circumstances may result in disciplinary action by CAMTC against me or the school, including but not limited to denial of my Qualification Form and/or denial or revocation of my school's approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that by submitting this Qualification Form I will not receive any official qualified administrator status from CAMTC and that I may not present myself as a "CAMTC qualified administrator." I understand I must submit this form for every school where I intend to work.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby authorize CAMTC to run and/or receive information from background checks and I further authorize Law Enforcement Agencies (LEA), government agencies, and other massage or school related entities to release all records related to me to CAMTC upon request, and I hereby authorize CAMTC to share all information about the same, whether provided by myself or others, including personal information, with LEA, government agencies, and other massage or school related entities upon request. (Note: we will not sell or release personal information for marketing purposes.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 HERE IN AND IN SUPPORT OF THIS APPLICATION ARE COMPLETE, TRUE, ACCURATE, AND CORRECT. Should I furnish any false information on or in support of this Qualification Form, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, revocation, or action against myself or my school's CAMTC School Approval.	
I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES AND RULES APPLICABLE TO CAMTC'S APPROVAL OF SCHOOLS IN CALIFORNIA.	
X Signature	Date



CALIFORNIA MASSAGE THERAPY COUNCIL
Background Check List

Ver. 4.1.15

Office Use Only

1. ALL owners, administrators, and faculty required to submit an Owner Worksheet, Administrator Qualification Form, or Instructor Qualification Form are required to submit a background check. (Current CAMTC certificate holders, those who have submitted a CAMTC background check for another school in the past two years, and employees of public colleges or universities of the California state higher education system, as defined in Section 100850 of the Education Code, are exempt from providing a background check.)
2. A non-refundable \$41 fee for each background check must be included with the school's application fee.
3. Instructions for submitting background checks will be emailed to each individual once the school application has been processed. The school application is considered incomplete until all background checks are complete.
4. Providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of your application, disciplinary action, revocation of your approval, or additional processing fees.

Last Name	First Name	Title/ Position	Background Check Required	If No, Reason Why?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CAMTC# _____ <input type="checkbox"/> Submitted for another school: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CAMTC# _____ <input type="checkbox"/> Submitted for another school: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CAMTC# _____ <input type="checkbox"/> Submitted for another school: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CAMTC# _____ <input type="checkbox"/> Submitted for another school: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CAMTC# _____ <input type="checkbox"/> Submitted for another school: _____
(add additional pages if necessary)			Total "Yes": _____	Amount Due: (Total "Yes" x \$41 =) _____
X Signature			Date	
Print Name			Title	



CALIFORNIA MASSAGE THERAPY COUNCIL
Transcript Checklist

Office Use Only

Ver. 4.1.15

1. Please initial that you have included ALL of the following with the Application for School Approval.
2. Providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of your application, disciplinary action, revocation of your approval, or additional processing fees.

Initials	Required Items
	<p>Sample transcript and massage program addendum, if any, with no additional markings. Per CAMTC's Policies and Procedures for Approval of Schools, transcripts should include at minimum:</p> <ol style="list-style-type: none"> (1) School name, address, telephone number, website, and CAMTC School Approval Code (once approved), which shall exactly match information on file at CAMTC. (2) Heading entitled "Official Transcript." (3) Student's full legal name and date of birth. (4) Date student started program and date student graduated or, for programs longer than 500 hours, completed CAMTC requirements, if applicable. (5) Breakdown of courses completed with total number of supervised clock hours attended and passing grades for each course. Courses shall match those listed in the provided syllabi and program hour requirement worksheet (included with application). (6) Total number of supervised clock hours attended for massage program. (7) At least one authorized signature with printed name, title, and date. (8) Official school seal affixed, embossed, or otherwise attached to transcript. (9) Sufficient security measures that uniquely identify the school's transcripts. <p>Transcripts from public colleges or universities of the California state higher education system, as defined in Section 100850 of the Education Code, shall meet or exceed standards as determined by governing laws and regulations.</p>
	Sample transcript and massage program addendum, if any, with highlights and descriptions for unique security measures.
	Signatures, printed names, and titles for all approved signers.
	Sample diploma (NOTE: Diplomas are not accepted in lieu of transcripts as proof of education).
	Sample envelope from the school in which transcripts will be mailed to CAMTC.
	This Checklist.
X Signature	Date
Print Name	Title



**CALIFORNIA MASSAGE THERAPY COUNCIL
Enrollment Agreement Checklist**

Office Use Only

Ver. 4.1.15

1. Please initial that you have included ALL of the following with the Application for School Approval.
2. Providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of your application, disciplinary action, revocation of your approval, or additional processing fees.

Initials	Required Items
	<p>Blank enrollment agreement and massage program addendum, if any. Per CAMTC's Policies and Procedures for Approval of Schools, enrollment agreements should include at minimum:</p> <ol style="list-style-type: none"> (1) School name, address, additional addresses where classes will be held, telephone number, and website. (2) Student's full legal name, date of birth, address, email, telephone number, and signature. (3) Copy of a current valid government issued photographic identification. (4) Title of massage program and total scheduled number of supervised hours received upon completion. (5) Program schedule with start date and scheduled completion date. (6) All scheduled charges and fees including, as applicable: tuition, registration fee, equipment, lab supplies, textbooks, educational materials, uniforms, charges paid to an entity other than the school as required by the program, and any other charge or fee. (7) Scheduled payment terms. (8) Clearly visible disclosure statement: "Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code sections 4600 et. seq." (9) Statement directing students to CAMTC for unanswered questions and for filing a complaint: "A student or any member of the public with questions that have not been satisfactorily answered by the school or who would like to file a complaint about this school may contact the California Massage Therapy Council at: One Capitol Mall, Suite 320, Sacramento, CA 95814, www.camtc.org, phone (916) 669-5336, or fax (916) 669-5337." <p>Note: Enrollment agreements from public colleges or universities of the California state higher education system, as defined in section 100850 of the Education Code, shall meet or exceed standards as determined by governing laws and regulations.</p>
	This Checklist.
X Signature	Date
Print Name	Title



CALIFORNIA MASSAGE THERAPY COUNCIL
Course Catalog Checklist

Office Use Only

Ver. 4.1.15

1. Please initial that you have included ALL of the following with the Application for School Approval.
2. Providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of your application, disciplinary action, revocation of your approval, or additional processing fees.

Initials	Required Items
	<p>Current course catalog and massage program addendum, if any. Per CAMTC's Policies and Procedures for Approval of Schools, course catalogs should include at minimum:</p> <ol style="list-style-type: none"> (1) School name, address, additional addresses where classes will be held, telephone number, website, and CAMTC School Approval Code (once approved). (2) Date printed/revised. (3) Title of massage program(s) and total number of scheduled supervised hours received upon completion. (4) Program prerequisites, including but not limited to admission requirements, previous training, and language comprehension skills. (5) Completion and graduation requirements, including but not limited to clock hours to attend, assignments to complete, and assessments to pass. (6) Transfer credit policy. (7) Attendance and leave of absence policies. (8) Hygiene, dress code, and draping policies. (9) If the school admits foreign or ESL students, the catalog shall contain language proficiency information, including the level of English language proficiency required of students and the kind of documentation of proficiency that will be accepted; and whether English language services are provided and, if so, the nature of the service and its cost. The catalog shall also identify whether any instruction will occur in a language other than English and, if so, identify the other language(s) instruction will be provided in, the level of English proficiency required, and the kind of documentation of proficiency that will be accepted. (10) Publication of CAMTC's Law related to unfair business practices as related to massage. (11) Clearly visible disclosure statement: "Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code section 4600 et. seq." (12) Statement directing students to CAMTC for unanswered questions and for filing a complaint: "A student or any member of the public with questions that have not been satisfactorily answered by the school or who would like to file a complaint about this school may contact the California Massage Therapy Council at One Capitol Mall, Suite 320, Sacramento, CA 95814, www.camtc.org, phone (916) 669-5336, or fax (916) 669-5337."
	This Checklist.
X Signature	Date
Print Name	Title



CALIFORNIA MASSAGE THERAPY COUNCIL
 Program Hour Requirement Worksheet

Office Use Only

Ver. 4.1.15

1. Please indicate which classes or subjects fulfill the minimum core educational requirements as set forth in CAMTC's Policies and Procedures for Approval of Schools.
2. Providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of your application, disciplinary action, revocation of your approval, or additional processing fees.

Required Course of Study	Minimum Required Course Hours	Courses that Fulfill Requirements Provide Course Title and Number of Hours Counting towards Required Course Hours
Anatomy & Physiology	64	
Contraindications	13	
Health & Hygiene	5	
Business & Ethics	18	
TOTAL	100	

X Signature	Date
Print Name	Title



CALIFORNIA MASSAGE THERAPY COUNCIL
Faculty List

Ver. 4.1.15

Office Use Only

1. Please list ALL full and part-time faculty, volunteers, visiting teachers, and others responsible for delivering curriculum intended to fulfill requirements of CAMTC certification. Add additional pages if necessary.
2. Providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of your application, disciplinary action, revocation of your approval, or additional processing fees.

Faculty Name	CAMTC Certification # (if any)	Full or Part Time	Hire Date	Subjects Taught (Faculty must be qualified for each subject taught)
		<input type="checkbox"/> Full <input type="checkbox"/> Part		
		<input type="checkbox"/> Full <input type="checkbox"/> Part		
		<input type="checkbox"/> Full <input type="checkbox"/> Part		
		<input type="checkbox"/> Full <input type="checkbox"/> Part		
		<input type="checkbox"/> Full <input type="checkbox"/> Part		
		<input type="checkbox"/> Full <input type="checkbox"/> Part		
		<input type="checkbox"/> Full <input type="checkbox"/> Part		
		<input type="checkbox"/> Full <input type="checkbox"/> Part		
		<input type="checkbox"/> Full <input type="checkbox"/> Part		
		<input type="checkbox"/> Full <input type="checkbox"/> Part		
X Signature			Date	
Print Name			Title	



CALIFORNIA MASSAGE THERAPY COUNCIL
Instructor Qualification Form

Ver. 1 ~~EEI~~

Office Use Only

1. ALL massage program faculty, including but not limited to visiting teachers, volunteers, and all those who will be teaching on a full or part-time or temporary basis and responsible for delivering curriculum intended to fulfill requirements of CAMTC certification must provide a separate Instructor Qualification Form.
2. Attach a copy of a current valid government issued photographic identification or CAMTC ID Card for each worksheet.
3. Include non-refundable background check payment of \$41 with school fees. Instructions for submitting the background check will be emailed once the school application has been processed. This Instructor Qualification Form is considered incomplete until the background check is complete. (Current CAMTC certificate holders, those who have submitted a CAMTC background check for another school in the past two years, and employees of public colleges or universities of the California state higher education system, as defined in Section 100850 of the Education Code, are exempt from providing a background check.)
4. Providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of your application, disciplinary action, revocation of your approval, or additional processing fees.

SECTION A: INSTRUCTOR INFORMATION

Last Name		First Name	
Telephone Number		Email	
Home Address		City	State Zip Code
Social Security Number		CAMTC ID # (if any)	Date of Birth
Primary Massage School Attended		City, State	Date of Graduation
Additional Education (add additional pages if necessary)		City, State	Dates Attended

SECTION B: WORK EXPERIENCE

Name of School for which you are submitting this form	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	City, State	Dates of Employment
Other School where CURRENTLY teaching (add additional pages if necessary)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	City, State	Dates of Employment
Other School where PREVIOUSLY taught (add additional pages if necessary)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	City, State	Dates of Employment
CURRENT Massage Employment (add additional pages if necessary)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	City, State	Dates of Employment
PREVIOUS Massage Employment (add additional pages if necessary)	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	City, State	Dates of Employment
Subject Taught #1	Education/Qualification to teach this Subject		
Subject Taught #2	Education/Qualification to teach this Subject		
Subject Taught #3 (add additional pages if necessary)	Education/Qualification to teach this Subject		

SECTION C: DECLARATION A "Yes" answer to any of the following questions requires a separate written statement explaining in your own words all of the complete details regarding the incident(s) or event(s). All supporting documentation to a "Yes" answer must be attached to this Worksheet at the time you file your application for CAMTC school approval. CAMTC may request additional documentation as needed.

<p>Have you ever received an administrative or civil citation related to the practice of massage therapy or a massage therapy business, or any other profession, or been denied or refused the renewal of a license, permit, certificate, or other authorization to practice massage therapy or related to a massage therapy or school business or any other profession in any city, county, state, country or jurisdiction?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever had a license, certificate, certification of registration, permit, or other authorization for a massage therapy business or to practice massage therapy, or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever had, or 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you aware of any complaints made against you to a business or made to you directly in relation to your conduct as a massage professional, massage instructor, massage faculty, or in relation to a massage therapy business you currently own/operate or have in the past owned or operated?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever worked, volunteered, or otherwise been associated in any capacity with a school that is or has been un-approved by CAMTC or been convicted of any criminal offense? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified in the Health and Safety Code, sections 11361.5 and 11361.7.) Convictions MUST be reported even if they have been adjudicated, dismissed or expunged. The definition of a conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. You MUST include ALL convictions, including infractions, misdemeanors, and felonies.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I have read, understand, and agree to comply with CAMTC's Policies and Procedures for Approval of Schools, including but not limited to the faculty qualifications and ethical behavior. Failure to inform CAMTC and my school administration of any change in circumstances may result in disciplinary action by CAMTC against me or the school, including but not limited to denial of my Qualification Form and/or denial or revocation of my school's approval.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I understand that by submitting this Qualification Form I am only qualified to instruct subjects for which I am qualified at the school to whose application this form is attached, unless informed otherwise by CAMTC. I further understand that I will not receive any official qualified instructor status from CAMTC and that I may not present myself as a "CAMTC qualified instructor." I understand I must submit this form for every school where I intend to instruct.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I hereby authorize CAMTC to run and/or receive information from background checks and I further authorize Law Enforcement Agencies (LEA), government agencies, and other massage or school related entities to release all records related to me to CAMTC upon request, and I hereby authorize CAMTC to share all information about the same, whether provided by myself or others, including personal information, with LEA, government agencies, and other massage or school related entities upon request. (Note: we will not sell or release personal information for marketing purposes.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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 HERE IN AND IN SUPPORT OF THIS APPLICATION ARE COMPLETE, TRUE, ACCURATE, AND CORRECT. Should I furnish any false information on or in support of this Qualification Form, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, revocation, or action against myself or my school's CAMTC School Approval.</p>	
<p>I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES AND RULES APPLICABLE TO CAMTC'S APPROVAL OF SCHOOLS IN CALIFORNIA.</p>	
<p>X Signature</p>	<p>Date</p>