



Massage Apprenticeship Application

Do Not Write in this Space
For Revenue Receiving Only

Florida Board of Massage Therapy
PO Box 6330
Tallahassee, FL 32314-6330
Web: www.floridasmassagetherapy.gov
Email: info@floridasmassagetherapy.gov

Fees must be paid in the form of a cashier's check or money order, made payable to: Department of Health

Choose your application type:

- Massage Apprenticeship (X-1020) \$100.00
- Colonics Only Apprenticeship (X-1020) \$100.00

An applicant, who is denied approval, or withdraws the application prior to approval, is entitled to a refund. A request to withdraw and/or receive a refund must be made in writing. Fees are refundable for up to 3 years from the date of receipt.

1. PERSONAL INFORMATION

Name: _____ **Date of Birth:** _____
 Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent.)

Street/ PO Box _____ Suite/Apt. No _____ City _____
 State _____ Zip _____ Country _____ Home/ Cell Number _____

Physical Location: (Required if mailing address is a PO Box. This will be posted on the Department's website.)

Street _____ Suite/Apt. No _____ City _____
 State _____ Zip _____ Country _____ Work/ Cell Number _____

Email Notification: If you want to be notified of the status of your application by email, please check the "Yes" box and write your email address on the line provided below. If you choose this form of notification, you will receive information regarding your application file through email. You will be responsible for checking your email regularly and updating your email address with the Board office at: info@floridasmassagetherapy.gov

I want to be notified by email: Yes No
 Email Address: _____

Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

NAME _____

Before The Apprenticeship Program May Begin, It Must Be:

- Approved by the Board of Massage Therapy and the approval certificate received by the apprentice.
- Under the direct supervision of a sponsoring massage therapist who has been licensed for at least three (3) years.
- Conducted in a licensed massage establishment. The establishment must be inspected prior to the commencement of the program to determine compliance with the requirements as set forth in Rule 64B7-29.001(5) F.A.C.

2. SPONSORING MESSAGE THERAPIST

Name: _____

License Number: _____

3. SPONSORING MESSAGE ESTABLISHMENT

Business Name: _____

License Number: _____

Street

Suite/Unit No

City

NAME _____

Name: _____
 Last **First** **Middle**

Social Security Number: _____

Pursuant to 42 U.S.C. § 666(a)(13), the department is required and authorized to collect Social Security Numbers relating to applications for professional licensure. Additionally, section 456.013(1)(a), Florida Statutes, authorizes the collection of Social Security Numbers as part of the general licensing provisions. This information is exempt from public records disclosure.

4. APPLICANT STATEMENT

I understand that it is my duty and responsibility as an applicant to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for apprenticeship. Such supplement is required by section 456.013(1), F.S. Failure to do so may result in disciplinary action by the Board including denial of apprenticeship.

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and I declare 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 license to practice in the state of Florida in the profession for which I am applying. I hereby acknowledge that practice as an Apprentice in Florida is governed by Chapters 456 and 480, F.S., and Rule Title 64B7, F.A.C. I understand that I am under a continuing obligation to understand and keep informed of any changes to Chapters 456 and 480, F.S., and Rule Title 64B7, F.A.C.

Applicant Signature: _____ **Date:** _____
This field cannot be typed. You must print the application and sign it. MM/DD/YYYY

All applications filed with the department are valid for one (1) year from the date of receipt.

Sponsoring Massage Establishment

This form is to be completed by the sponsoring massage establishment owner. Return the original completed form to the Board office at the address below.

- A. Is your establishment equipped with tables for massage therapy? Yes No
- B. Is your establishment equipped with linen and storage areas? Yes No
- C. Is your establishment equipped with Hot and Cold packs? Yes No
- D. Is your establishment equipped with textbooks and teaching material on the following subjects?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Physiology |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Anatomy |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Theory of Massage |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hydrotherapy |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Statutes and Rules on Massage Practice |

- E. Will the apprentice be instructed in colonic irrigation? Yes No
(If "Yes", the following must be answered)

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is your establishment equipped with sterilization equipment? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are disposable colonic attachment utilized? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is a textbook on the subject of colonic irrigation kept on the premises? |

- F. Has the massage establishment, or owner, ever been convicted of a crime related to the practice of massage therapy, regardless of adjudication, or has the massage establishment license ever been disciplined, in any jurisdiction? If yes, please list and attach on additional sheets, the dates, jurisdiction, offense, disposition, and all other relevant information Yes No

You will be inspected based on the above items. If you cannot answer "Yes" to all applicable questions, you are urged to make immediate changes in order to pass inspection or delay the application for this apprentice until your facility is able to pass inspection.

I, _____, certify that _____,
(Name of establishment owner) (Name of Sponsor)

employed at _____ establishment license # MM _____
(Name of Establishment)

located at _____
(Street Address, City, State, Zip Code, Phone #)

has my approval to sponsor an apprentice at the above named establishment.

Signature of Establishment Owner

Name of Establishment Owner

Please mail to: Florida Board of Massage Therapy,
4052 Bald Cypress Way, Bin C06,
Tallahassee, FL 32399-3256

Sponsoring Massage Therapist

This form is to be completed by the sponsoring massage therapist. Return the original completed form to the Board office at the address below.

A. Sponsor's Printed Name: _____
Last/Surname First Middle

B. Sponsor's License Number: _____

C. Have you, the sponsor, ever had a massage therapist license, registration or certification revoked, suspended or otherwise acted against, including probation, fine or reprimand in a disciplinary proceeding in any state? Yes No

If you answered "Yes", you must provide complete details as to the state(s), license number(s), dates and relevant circumstances on an attached sheet.

D. I, _____, hereby certify that the previously named applicant will be associated with my practice and establishment, as an apprentice, and I will be his/her sponsor and I will comply with all requirements pursuant to Rule 64B7-29 F.A.C.

Sponsoring Massage Therapist's Signature

Date (mm/dd/yyyy)

Please mail to: Florida Board of Massage Therapy,
4052 Bald Cypress Way, Bin C06,
Tallahassee, FL 32399-3256