

APPLICATION FOR APPROVAL OF NEW AND EXISTING MASSAGE THERAPY SCHOOLS

STATE OF MISSISSIPPI BOARD OF MASSAGE THERAPY P. O. Box 20 Morton, MS 39117 Phone: 601-732-6038	Website: www.msbmt.state.ms.us e-mail: director@msbmt.state.ms.us Fax: 601-732-6447
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DEADLINE: JULY 15TH (relevant only to previously licensed schools who are renewing)

\$500.00 Money Order or Cashier's Check Enclosed. MO or CC No. _____

Name and Address of individual, partnership, corporation or community college making application:		
Phone:	Fax:	Email:
Circle Ownership Structure:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> State Public School	
If Partnership, list ALL partners. If Corporation, list officers and titles.		
Name	Title	Address

If Application is for existing school changing locations, indicate:	Previous address:	License Number
If Application is for existing school changing ownership, indicate:	Previous Owner:	Previous School Name: Previous License Number:
If new school, when is school planned to begin operation?		

Contact Person: This person will be the liaison for this school with the Board and must be familiar with all aspects of the massage therapy program, the curriculum, the instructors and student clinics.		
Name:	Title:	
Street Address:	Mailing Address:	
City:	State:	Zip:
Email:	Phone:	Fax:

Name of School:				
Address of School:				
School is:	Proprietary	Vocational	Technical	State Public School
Is this school accredited?	Yes	No	List the name of the accrediting body.	

Provide the address of the accrediting body

Has this School or any other school owned by the owner(s) ever been denied or lost approval for licensure or accreditation by any of the following?			
(a) State of Mississippi	No	Yes	If yes attach explanation as 'ATTACHMENT A'
(b) Any other State	No	Yes	If yes attach explanation as 'ATTACHMENT A'
Has this school or any other school owned by the owner(s) ever been directed to cease and desist from any act or practice by:			
(a) A Federal Agency	No	Yes	(c) A National Accrediting Body No Yes If yes, attach explanation
(b) A State Agency:			
Mississippi	No	Yes	
Any Other State	No	Yes	

Name of Individual who will manage the school:		
Title:	Email:	
Address:	Licensed in Mississippi?	LMT No. _____ Expiration: _____ Instructor No. _____

Name of Lead Instructor:		
Title:	Email:	
Address:	Licensed in Mississippi?	LMT No. _____ Expiration: _____ Instructor No. _____

Provide name and licensing information for all persons who will instruct in this school:			
Name	Instructor #	Expiration	Date of LMT Expiration (if inactive/retired, state)
Name	Instructor #		

How many square feet of classroom and laboratory space does this school have per student?	Classroom?	Laboratory?
How many classrooms devoted to massage therapy does this facility have?		
How many laboratories devoted to massage therapy does this facility have?		

List the time the school will be open for instruction:							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DAY							
EVENING							

Description of the Building:	
Building is: Owned Leased	Length of Lease:
Lessor:	
Exterior Construction:	Interior Construction (Walls):
Clinic Floor Covering:	Classroom Floor Covering:

DISCLOSURE OF INFORMATION FORM: (for existing schools only)	
Refer to Rules and Regulations Chapter 4, Section 3 (D). Board Approved Schools must provide proof to the Board of Massage Therapy of an <u>annual – 1 year or cumulative – 2 years, pass rate that meets or exceeds the current minimum standard (Rule 914)</u> , on the Massage and Bodywork Licensing Exam (MBLEx), the National Examination for State Licensing (NESL administered by NCBTMB) or the Mississippi Board Examination administered by or on behalf of the Mississippi State Board of Massage Therapy. This information must be obtained from the examination source and furnished as ‘ATTACHMENT B’ to this application.	
A. During the past two years what percentage of our students completed or graduated from their program of study within 150% of the normal time for completion of or graduation from the program of study.	%
B. During the past two years what percentage of our students were employed in their field of study or a related field within six (6) months after completion of or graduation from their program of study.	%
C. During the most recent period June 1 of the prior year through May 31 of the current year what percentage of your students mastered institutionally designed or nationally required exams for licensure or certification in their field of study.	%
D. If Item C above does not meet or exceed the current minimum standard, complete this section. During the most prior period June 1 of the second prior year through May 31 of the prior year what percentage of your students mastered institutionally designed or nationally required exams for licensure or certification in their field of study.	%

REFUND POLICIES:
The following Refund Policies shall be stated in School’s Catalog. The total tuition charges shall be divided evenly among the quarters.
<u>If a student withdraws or is discontinued after instruction is begun during the first quarter of any program the school may retain no more than:</u>
<ol style="list-style-type: none"> 1. (0%) of the quarter's tuition if the termination is during the first week of instruction; or 2. (25%) of the quarter's tuition if the termination is during the second week of instruction; or 3. (50%) of the quarter's tuition if the termination is during the third week of instruction; or 4. (75%) of the quarter's tuition if the termination is during the fourth week of instruction; or 5. (100%) of the quarter's tuition if the termination occurs after the fourth week of instruction.
<u>If a student withdraws or is discontinued after instruction is begun during the second or any subsequent quarter of a program the school may retain no more than:</u>

1. (25%) of the quarter's tuition if the termination is during the first week of instruction; or
2. (50%) of the quarter's tuition if the termination is during the second week of instruction; or
3. (75%) of the quarter's tuition if the termination is during the third week of instruction; or
4. (100%) of the quarter's tuition if the termination occurs after the third week of instruction.

Prospective Student's Signature

Date

School Official's Signature

Date

ANNEX LOCATIONS		NOTE: THIS PAGE MAY BE DUPLICATED IF NECESSARY	
1	ARE YOU APPLYING FOR ANY ANNEX LOCATION? NO <input type="checkbox"/> YES <input type="checkbox"/>	Number of locations:	
If Yes to Item 1 above, provide the following for each individual annex location			
2.A.	NAME OF LOCATION		
2.B.	STREET NO.	CITY	STATE ZIP CODE
2.C.	TELEPHONE NO.	Email address:	
2.D.	NAME OF SCHOOL DIRECTOR	Social Security Number:	
2.E.	Is this annex location under the same ownership, and management and control as the registered location? (Please refer to the Glossary Section of the Regulations to be certain)	Yes	No
2.F.	List the programs of study and/or individual courses that will be taught at this annex location		
2.G.	Attach facility information for this annex location (refer to Section VI of CPSCR Form)		
2.H.	Submit the instructional equipment information for this annex location (refer to Section XVIII of CPSCR)		
2.I.	Give the maximum anticipated enrollment to be accommodated with the instructional resources available as of the submission date of this application		
2.J.	How many square feet of classroom and laboratory space does this facility have per student?	Classroom _____ Laboratory _____	
2.K.	How many classrooms does this facility have?		
2.L.	How many laboratories does this facility have?		

'ATTACHMENT B' – Student Information Relative to Annual Success Rate

This form is located under the 'School' licensure tab on our website – www.msbt.state.ms.us.

Please:

- a) locate the form – SC.03 Annual and Comprehensive Report - at www.msbt.state.ms.us – 'School' tab;
- b) complete the form (the excel spreadsheet automatically computes the rate for the most recent period and the prior period);
- c) copy; and
- d) include as "Attachment B"
- e) include a roster of all individuals included on the Annual Report and status of student as of May 31st (end of reporting period).

'ATTACHMENT 'C' – Bond Information

STATE OF MISSISSIPPI
Board of Massage Therapy
PO Box 20, Morton, MS 39117

SCHOOL BOND NO. _____
COR # _____
DATE RECEIVED _____

This Bond should be accompanied by a certified copy of Certificate of Appointment to Resident Agent, Attorney-in-fact, or such other Resident Official of the Surety Company as has executed the bond.

KNOW ALL MEN BY THESE PRESENTS: That I/We as principal

_____ School's Name
_____ School Address
and _____ Surety Name
_____ Surety Address

a corporation qualified to do business in the STATE OF MISSISSIPPI, as surety, hereby acknowledge ourselves indebted to the STATE OF MISSISSIPPI, in the penal sum of FIFTY THOUSAND DOLLARS (\$50,000): upon the following conditions, however, and no other viz: Said

_____ School's Name

on or about the _____ day of _____, 20____, filed in the office for the Mississippi State Board of Massage Therapy, an application for a License to furnish classroom, technical or apprentice trade courses of instruction to persons within the STATE OF MISSISSIPPI, upon which the STATE OF MISSISSIPPI requests that

_____ School's Name
furnish a surety bond in the amount as stated above.

NOW, THEREFORE, this bond is executed upon condition that the facts set forth in the application of _____ School's Name for such Certificate, and the Proof and Statements offered to the Board of Massage Therapy upon which the application is based, are true and that said

_____ School's Name
will comply with the Mississippi State Board of Massage Therapy Rules and Regulations, in furnishing classroom, technical or apprenticeship trade courses of instruction within the STATE OF

BOND PAGE 1 OF 2

MISSISSIPPI; and conditioned to satisfy any and all judgments rendered by a Court of competent jurisdiction in favor of any person or persons who have suffered loss as a result of :

- a) any fraud or misrepresentation used in behalf of the principal in procuring such person's enrollment in a course of instruction (including the repayment of tuition paid in advance by any student);or
- b) as the result of a breach of Contract of instruction by the principal; or their failure to carry out and comply with each and every contract and agreement made and entered into by said Principal acting by and through its officers, agents, or representatives with any student or enrollee; or
- c) the inability of the student to complete the course or courses because the school ceased operation or failed to furnish the facilities advertised or included in the contracted agreement; and shall faithfully comply with all the terms, conditions, provisions and requirements of the laws and rules and regulations of the State of Mississippi and shall save the State of Mississippi harmless from any wrongful act arising out of the operation of the school, then this obligation shall be void, otherwise to remain in full force and effect; or
- d) the failure on the part of the school to adequately maintain all student records, which shall include the failure to transfer such records in accordance with the law and rules and regulations of the State of Mississippi.

This bond is to be and remain in full force and effect for the effective period of the License to which it applies in accordance with the provisions herein set forth. The surety may terminate the bond upon giving sixty (60) days' written notice to the principal and the MISSISSIPPI STATE BOARD OF MASSAGE THERAPY.

Witness, the signature of said parties on this _____ day of _____ ,
20_____. .

Principal (Name of School)

Attorney-in-Fact

Signature of School Official

Name of Insurance or Bonding Agency

Address of Insurance or Bonding Agency

Title of School Official
Agency

Phone Number of Insurance or Bonding Agency

‘ATTACHMENT H’ -VERIFICATION OF CURRICULUM

School Name:	Mailing Address:	
Location(s) where any part of the curriculum was credited if different from mailing address:		
Phone #	Fax #	State License #
Email		Website

Science of the Human Body – 200 hours		
COURSE #	HOURS	SUBJECT
		Anatomy - including all body systems
		Physiology - including all body systems
		Myology/kinesiology
		Neurology
		Pathology - including medical terminology
Massage Theory/Practicum – 200 HOURS		
		Legalities including Ms Massage law and ethics
		History Benefits, Indications/ Contraindications
		Massage demonstrations and supervised Practice
Allied Modalities – 200 HOURS		
		Eastern, European, and Western theory/methods
		CPR/First aid/HIV
		Hydrotherapy/Infrared Heat
		Referral methods within the health care system.
		Charting and documentation
§73-67-35 (1) The above 600 hours must be supervised in-class massage therapy instruction.		
Clinical – 100 HOURS in supervised student clinic and must include at least fifty (50) practical hands-on one-hour massage therapy sessions		
		Hands on, one-hour massage therapy sessions in supervised student clinic
		TOTAL PROGRAM HOURS

ATTACHMENT ‘J’ – OWNER SURVEY FORM, page 1

PERSONAL SURVEY FORM For Owners of Proprietary Massage Therapy Schools <i>(Duplicate as needed, and complete one form for each owner, partner or corporate officer)</i>		
Full legal name:		
Legal address:		
Telephone Number:	Mobile Number:	Email:
Birthplace: (City, County, State)		Date of Birth:
Name of School:		
Address of School:		
Interest in School: ___ Partner ___ Corporate Officer ___ Sole Owner		
If Corporate Officer, State Position:		
Have you ever been convicted of a felony? Yes No	If so, where, when and why?	
Are you addicted to the excessive use of: ___ Alcohol ___ Drugs; If yes, explain		
Previous Address:		
Are you now or ever been licensed to practice within the field of massage therapy? Yes No		
Type of License:	State where licensed:	License Number:
Expiration:	Basic Massage Training acquired from: (School/City/State)	
Do you have experience teaching within the field of massage therapy? Yes No		
If yes, provide the name and address of each school, and the dates of employment:		
Name:	Address:	Dates of employment:
Name:	Address:	Dates of employment:
Name:	Address:	Dates of employment:
Have you ever owned a massage school? Yes No	If yes, state name and address of school(s)?	Dates owned:
Business or profession, if other than massage therapy?		
Are you familiar with the Massage Therapy Law (MS Code, 1972, Ann., amended § 73-67-1 through §		

73-67-39 and Rules and Regulations of the Mississippi State Board of Massage Therapy governing establishments, schools, instructors, and the practice of massage therapy? Yes No		
List the names and addresses of two (2) persons, other than relatives, who have known you at least three (3) years.		
Name	Address	Phone
Name	Address	Phone
Signature of Applicant:		Date:

ATTACHMENT 'J' – OWNER SURVEY FORM, page 2

Affidavit:

State of Mississippi
County of _____

Before me, a Notary Public, in and for the County and State aforesaid, came,

a resident of _____
City County State

who being duly sworn says that the statements contained in the above application are true.

Signature of Affiant

Subscribed and sworn to, before me

this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

‘ATTACHMENT K’ - INSTRUCTOR INFORMATION

Please provide under Attached ‘K’ a copy of all current licenses off your instructors having met the June 16th deadline for renewal

For new instructors that you are making application on behalf of, please see Form SC.02 under the School Tab on our website at www.msbmt.state.ms.us. Attach a copy of that Instructor Application and forward the original under separate cover to: MSBMT, Post Office Box 20, Morton, MS 39117.

‘ATTACHMENT L’ – WEBPAGE

Does your School of Massage Therapy have a website? If so, please answer the following questions:		YES NO
1	How often is your website updated?	
2	Are other directors, owners, co-directors or co-owners or instructors/teachers listed on your webpage which were not identified previously in this application? If so, please explain in detail.	YES NO
3	Does your website contain detail regarding the 700 hours requirement for Mississippi licensure? If no, please explain in detail.	YES NO
4	Have you identified any additional locations which have not been previously referenced on Page 4 Annex Locations of this application. If yes, please explain in detail.	YES NO
5	Is this a Mississippi based school or does its corporate office reside in another state? If another state, please provide address and phone number and contact name and email address.	YES NO
6	Does your website indicate that you are licensed by the Mississippi State Board of Massage Therapy AND provide your current license number? If no, please explain in detail.	YES NO
7	If pass rates are provided on your webpage, <u>you must include the pass rate for your school with MSBMT. Remember, your pass rate is based on the number of GRADUATES who pass board approved exams.</u> If no, please explain in detail.	YES NO
8	Do you insure that your website meets all the requirements of Rule 907,(a) “any promotional literature used by a school must be presented in such a manner as to be factual with respect to services offered and/or benefits received; (b) a school licensed by the Board of Massage Therapy shall use the statement “licensed by the Mississippi State Board of Massage Therapy, License No. _____” on all advertising, both oral and written and on all school publications.”?	YES NO

‘ATTACHMENT N’. LATEST MASSAGE THERAPY PROGRAM ACCREDITATION REPORT PLEASE ATTACH AND LABEL THE FOLLOWING: NOTE THAT NO SCHOOL CAN BEGIN OPERATIONS UNTIL WRITTEN APPROVAL HAS BEEN RECEIVED FROM THE BOARD OF MASSAGE THERAPY.

‘ATTACHMENT O’. COPY OF CURRENT LEASE AGREEMENT

‘ATTACHMENT P’. CERTIFICATE OF LIABILITY INSURANCE COVERING STUDENTS.

- 1) \$500.00 Application Fee via certified check or money order to MS Board of Massage Therapy.
- 2) 'ATTACHMENT A' if applicable. If school ever been denied or lost approval for licensure, etc.
- 3) 'ATTACHMENT B': For existing schools, complete Attachment B. See Chapter, Section 4 Rules & Regs. Also include a roster of all individuals included on the Annual Report and status of students as of May 31st (end of reporting period).
- 4) The enclosed surety bond form 'ATTACHMENT C' must be completed by your bond company and signed by a Mississippi resident agent. .
- 5) 'ATTACHMENT D' Floor plan showing measurements, placing of equipment, partitions, entrances and exits, and plumbing and ventilation.
- 6) 'ATTACHMENT E' For individual, firm or corporate ownership, a detailed financial statement which indicates solvency. The financial statement must be signed by an authorized official, and notarized.
- 7) 'ATTACHMENT F' A copy of the contract to be used between school and students. Also attach a copy of your job placement services, financial resources information, student grievance procedure and student evaluation system.
- 8) 'ATTACHMENT G' Copy of any proposed school catalogs, brochures and advertisements, signed by an authorized official as being true and correct in content and policy.
- 9) Completed curriculum verification forms 'ATTACHMENT H'.
- 10) 'ATTACHMENT I' Certificate or letter from city or state building inspector showing that the building which will be occupied by the school, meets the requirements of the city and state building and fire codes.
- 11) 'ATTACHMENT J' For individual, partner or corporate ownership: Personal Survey Form for each individual owner, partner or corporate officer.
- 12) 'ATTACHMENT K' A copy of each instructor license who will teach in the school – deadline for existing licensees is June 16th of each year
- 13) 'ATTACHMENT L' Copy of your most recent webpage advertisements.
14. 'ATTACHMENT M' A copy of your school schedule for the current class showing attendance dates, classes scheduled and times. If you do not have a class in session at this time, include the most recent class.
15. 'ATTACHMENT N' A copy of your school's latest massage therapy program accreditation report.
16. 'ATTACHMENT O' Current lease agreement.
17. 'ATTACHMENT P' Certificate of liability insurance covering students

AFFIDAVIT OF APPLICANT

I do hereby certify that I am of good moral character and temperate habits. If granted a License, I will obey, and/or cause to be obeyed, the Rules and Regulations adopted by the State Board of Massage Therapy and will provide a curriculum, teaching staff, and equipment and materials necessary to teach the practices of massage therapy and cognate subjects, in full compliance with the Massage Therapy Law and its attendant Rules and Regulations.

Applicant Signature

State of Mississippi

County of _____

Before me, a Notary Public, in and for the County and State aforesaid,

came _____ a resident of

City County State

who being duly sworn says that the statements contained in the application are true.

Signature of Affiant

Subscribed and sworn to, before me

this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

An incomplete application will be returned to the applicant within thirty (30) days after received by the Board with the cause for the return. Programs may not begin until the application process is completed.

**Return completed application to:
MSBMT
PO Box 20
Morton, MS 39117**

Office use only:

Reviewed by: _____ Date: _____ Approved: YES or NO License# _____

This page for Board use:

MS STATE BOARD OF MASSAGE THERAPY APPLICATION PROCESSING

Date Received _____ Fee Amount _____

Initial Inspection Date: _____

Board Agent(s): _____

Board Action: _____

Final Inspection Date: _____

Board Agent(s): _____

Board Action: _____

School License No.: _____

License Mail Date: _____