



INSTRUCTOR APPLICATION

ITEM	INFORMATION TO BE SUBMITTED	RESPONSE
1	NEW INSTRUCTOR	YES
2	EXISTING INSTRUCTOR – REQUESTING CHANGE / ADDITIONS TO CATEGORIES	YES
3	\$50.00 INSTRUCTOR APPLICATION FEE ATTACHED	YES
4	\$100.00 TEMPORARY INSTRUCTOR LICENSE FEE FOR 90 DAYS This also covers the cost of the license through the following expiration date of June 30.	YES
	<p>Provide documented evidence of proof of an emergency, as follows:</p> <p>Unexpected resignation or termination of _____ Immediately preceding the scheduled class of _____</p> <p>Absence of an instructor due to illness, bereavement, relocation, or military deployment. Attach details explaining this evidence. Must provide certification from all States in which the applicant holds a license or educational credentials in the area of instruction</p>	

Applicant's Name as you want it to appear on the license certificate, if approved	
Applicant's Mailing Address (Not School's)	
City, State, and Zip	
Contact Phone Number	
Email Address	
Date of Birth	
Last Four (4) Digits of Social Security #	
Date Application Submitted	
Name of School Where You Are (or will be) Employed	N/A

Are You an Independent Instructor and Not Currently Employed at a Massage School	YES
--	-----

THIS SECTION MUST BE COMPLETED AND SIGNED BY THE MASSAGE THERAPY SCHOOL PROGRAM DIRECTOR OR ADMINISTRATOR:

What courses is the school wanting this individual be teach? Check any and all items below.						
✓	Category M	Modality /Technique	Course Curriculum Title	Curriculum Hours in Modality referenced in each line	Course #	Attachment Number (A, B, C, etc)
	Category M	Massage Fundamentals				A, B, C & D
	Category M	Swedish				A, B, C & D
	Category M	Clinic				A, B, C & D
	Category M					
	Category M					
	Category M					
	Category M					
	Category M					
	Category M					
	Category M					
	Category M					
	Category M					
	Category M					
	Category M					
	Category A - pathology, anatomy lecture, physiology lecture, kinesiology lecture or AIDS/HIV and Infectious Disease					
	Category B - business practices and marketing					
	Category L - Mississippi Law and Rules and Regulations					A, B, C & D
	Category H - hydrotherapy, safety, hygiene and/or sanitary practices					

ATTACHMENT NUMBER DETAIL - MAKE SURE ALL ATTACHED DOCUMENTS ARE IDENTIFIED IN THE UPPER RIGHT HAND CORNER IN BOLD LARGE LETTERS	
A	Massage Therapy License indicating original date of issue and expiration date
B	School Transcript
C	Documentation of Board approved 20 hours (minimum) in teaching skills for adult education
D	Documented practical experience in Adult Education
E	
F	
G	
H	
I	
K	
L	
M	
N	
O	
P	

I am aware that under Rule 9.19.C.12, I as program administration must maintain documentation of the instructor’s educational qualifications under Rule 9.1.A.3 for instructor license Category M for each specific subject in the curriculum taught by the instructor.

School Program Administrator

Date

INFORMATION MUST BE ATTACHED TO VALIDATE THE ABOVE OR THE APPLICATION WILL BE RETURNED INCOMPLETE. COMPLETE INSTRUCTOR CATEGORY BELOW AND IDENTIFY EVIDENCE SUBMITTAL. APPLICATION WILL ALSO BE RETURNED IF FEE NOT RECEIVED WITH INSTRUCTOR APPLICATION. NO FAX OR EMAIL APPLICATIONS WILL BE ACCEPTED.

M

Desiring a license to instruct palpatory anatomy/kinesiology or a specific therapy technique or clinical practicum-related modality. Evidence attach must consist of the following?

	Evidence of graduation from a qualified school of Massage Therapy
	Evidence of massage therapy license in good standing with MSBMT
	Evidence of lawfully practicing massage therapy for at least three (3) years. Document must provide original date of issue.
	Evidence of having completed at least 2 times the hours education in the subject matter. May include transcript, continuing education certificates or documentation as a teaching assistance in the same class with a different instructor.
	Evidence of completion of a Board approved course of at least 20 hours in teaching skills for adult education
	Evidence of practical experience in teaching adult education. This may include teaching CEU classes / serving as a teaching assistance or other practical experience in teaching adults.

A

Desiring a license to instruct pathology, anatomy lecture, physiology lecture, kinesiology lecture or AIDS/HIV and infectious disease awareness.

	<p>Evidence (transcript) of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the US Department of Education or a substantially equivalent accrediting body of a foreign sovereign state, with a major in:</p> <p><input type="checkbox"/> pathology; <input type="checkbox"/> anatomy; <input type="checkbox"/> physiology; <input type="checkbox"/> kinesiology; <input type="checkbox"/> sports medicine <input type="checkbox"/> exercise physiology <input type="checkbox"/> nursing</p> <p>OR</p> <p><input type="checkbox"/> education with concentration in biology;</p> <p>OR</p> <p><input type="checkbox"/> substantially equivalent major in _____</p>
	OR
	Has accumulated a minimum of 270 classroom hours of discrete science courses related to the human body. Acceptable courses are pathology, anatomy, physiology, kinesiology, palpatory anatomy, or AIDS/HIV and infections disease. Each course must be detailed below and a transcript provided from a Board approved school of massage therapy and/or from a college or university which is accredited by a regional accrediting body recognized by the U.S. Department of Education or a substantially equivalent accrediting body of a foreign sovereign state.

Applicant must provide the following detail.

SEMESTER HOURS		
HRS	COURSE TITLE	HRS X 15 =
TOTAL HOURS OF THE 270 HRS REQUIRED		

QUARTER HOURS		
HRS	COURSE TITLE	HRS X 10 =
TOTAL HOURS OF THE 270 HRS REQUIRED		

MASSAGE THERAPY SCHOOL HOURS		
HRS	COURSE TITLE	HRS
TOTAL HOURS OF THE 270 HRS REQUIRED		

TOTAL HOURS	
-------------	--

B

Desiring a license to instruct business practices and marketing. Documentation that must be provided:

	Evidence of graduation from a qualified school of Massage Therapy
	Evidence of massage therapy license in good standing with MSBMT
	Evidence of lawfully practicing massage therapy for at least three (3) years. Document must provide original date of issue.
	Evidence of having been the owner or operator of a massage therapy establishment. Evidence may include a city/county business permit in the name of the applicant or utility bills.
	OR
	Evidence (transcript) of having a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the US Department of Education or substantially equivalent accrediting body of a foreign sovereign state with a major in: <ul style="list-style-type: none"> <input type="checkbox"/> business; <input type="checkbox"/> marketing; <input type="checkbox"/> substantially equivalent major in _____

L

Desiring a license to instruct Mississippi Law, Rules and Regulations pertaining to massage therapy, Code of Ethics or Scope of Practice

	Evidence of graduation from a qualified school of Massage Therapy
	Evidence of massage therapy license in good standing with MSBMT
	Evidence of lawfully practicing massage therapy for at least three (3) years. Document must provide original date of issue.
	Evidence of having taken Mississippi Law / MSBMT Rules and Regulations class
	Evidence of completion of a Board approved course of at least 20 hours in teaching skills for adult education
	Evidence of practical experience in teaching adult education. This may include teaching CEU classes / serving as a teaching assistance or other practical experience in teaching adults.
	OR
	Evidence that applicant is licensed by the Supreme Court of Mississippi to practice law in Mississippi and that applicant is a member in good standing with the Mississippi State Bar Association.

H

Desiring a license to instruct hydrotherapy, safety, hygiene and/or sanitary practices.

	Evidence of graduation from a qualified school of Massage Therapy
	Evidence of massage therapy license in good standing with MSBMT
	Evidence of lawfully practicing massage therapy for at least three (3) years. Document must provide original date of issue.
	OR
	Specialized training in _____
	OR
	Evidence (transcript) of having a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the US Department of Education or substantially equivalent accrediting body of a foreign sovereign state with a major in: <input type="checkbox"/> nursing; or a <input type="checkbox"/> substantially equivalent major in _____

C

Desiring a license to instruct CPR, First Aid or AIDS/HIV and infectious disease awareness.

	Evidence of certification by the American Red Cross or the American Heart Association as an instructor.
--	---

I prefer the following:

- License location to be my current massage school employer;
- License location to be my home address provided on this application, however I understand that if the school is paying for the license the school name and address will be provided on the license.

SIGNATURE

DATE