



**Mississippi State Board of Massage Therapy**  
**353 South Fourth Street, Morton, MS 39117**  
**Post Office Box 20, Morton, MS 39117**  
**601-732-6038**  
**director@msbmt.state.ms.us**  
**msbmt.ms.gov**

**APPLICATION FOR USE OF ELECTRICAL HAND HELD MESSAGES**

**Authority: Rule 7.5 Duties and Responsibilities of Licensed Massage Therapists**

**A. All licensed massage therapists shall:**

**12. Prior to the use of electrical hand held massagers, must obtain Board approved education regarding use and contraindication for use of such instruments. The massage therapist must document the education, send it to the Board, and request a device-specific approval of the education prior to using each device, including, but not limited to, the following:**

<b>NAME</b>	
<b>LICENSE NUMBER</b>	
<b>MONEY ORDER OR CASHIER'S CHECK NUMBER</b>	\$25.00 FEE REQUIRED PRIOR TO SUBMITTAL TO THE BOARD AFTER 7/1/2017
<b>Manufacturer's name and address of the electrical hand held massager</b>	
<b>Manufacturer's model number of the electrical hand held massager</b>	
<b>Manufacturer's stated use and contraindication for use of this instrument</b>	

<p><b>How was the education obtained (self-study, via classroom / distance learning, including the name and qualifications of the person providing the instruction)</b></p>
<p><b>Specific learning objectives covered in the education (e.g., modes of operation of the device, appropriate uses for the electrical hand massager on a client's tissue, contraindications for use of the electrical hand massager on the client, sanitation for the electrical hand massager, etc.)</b></p>
<p><b>Resources that were used in the education training (e.g. user manual from the manufacturer, written training materials, one-on-one instruction from a knowledgeable user, etc.)</b></p>
<p><b>Means (e.g. oral or written exam, practical demonstration, etc.) used to assess the massage therapist's comprehensive understanding of the education materials</b></p>
<p><b>Approximate duration of the education training</b></p>

**NOTE: ATTACH ADDITIONAL PAGES AND DOCUMENTATION, IF REQUIRED.**

**As indicated by my signature below, I acknowledge that:**

- a) if a different device is added or replaced, all of the above requirements must be submitted to MSBMT for approval. The above referenced training does not qualify for continuing education credit with the Board unless the Board has previously approved a provider / program for the specific training; and**
- b) Mississippi State Board of Massage Therapy only acknowledges the educational documentation provided; however, does not approve the administration of the device on respective clients in the day to day practice of the licensed massage therapist. Written authorization may be provided to use a device under the use, requirements and restrictions set forth by the manufacturer.**

**Signature:** \_\_\_\_\_

**Date Requested:** \_\_\_\_\_