

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

The School Application must be presented in a 2" binder. The SC.01 Application for Approval of New and Existing Massage Therapy Schools, pages 1 thru 3 shall be placed in the front of Tab A Attachment as these pages contain general school information. Each attachment shall be named appropriately and tabbed for easy viewing, referencing and access.

- ☐ RENEWAL APPLICATION (must be postmarked by July 15)
- ☐ NEW APPLICATION
- ☐ \$500.00 Money Order / Cashier's Check / Check (existing schools only).

SCHOOL NAME	
LICENSE #	
CURRENT LICENSE STATUS	<input type="radio"/> NEW <input type="radio"/> TEMPORARY <input type="radio"/> PROBATIONARY <input type="radio"/> CONDITIONAL <input type="radio"/> NON-CONDITIONAL
ACCREDITING BODY	
LATEST ACCREDITATION REPORT DATE	
ACCREDITATION STATUS	
ACCREDITATION EXPIRATION DATE	

MSBMT EVALUATION VISIT MEETING ROOM MATERIALS

1. Suitable workspace for the evaluation team (private with sufficient table space for review of documents;
2. Internet access;
3. Advisory Committee and Program Faculty meeting minutes for renewal period and documentation of in-service and faculty development training and schedule for upcoming sessions;
4. Student enrollment on day of visit by program and by day and evening classes to include course name, instructor and student enrollment by class period.

THIS SECTION IS FOR MS STATE BOARD OF MASSAGE THERAPY USE ONLY

INSPECTION DATE	
LEAD INSPECTOR	
INSPECTOR	
INSPECTOR	
DRAFT REPORT DUE TO BOARD	
BOARD MEETING REVIEW DATE	
LEVIED FINES, Refer to Attachment Z for detail <input type="radio"/> NO AUDIT FINDINGS	
FINDINGS RESOLVED	
DATE LICENSE GRANTED	
TYPE OF LICENSE GRANTED	

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

Address of individual, partnership, corporation or community college making application:			
Phone:		Fax:	Website:
Check Appropriate Category:	<input type="radio"/> Proprietary	<input type="radio"/> Vocational	<input type="radio"/> Technical
<input type="radio"/> State Public School			
Check Ownership Structure:		<input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> State Public School	
If Application is for existing school changing locations, indicate:	Previous address: <input type="radio"/> N/A		License Number <input type="radio"/> N/A
If Application is for existing school changing ownership, indicate: <input type="radio"/> N/A	Previous Owner: <input type="radio"/> N/A	Previous School Name: <input type="radio"/> N/A	Previous License Number: <input type="radio"/> N/A
If new school, when is school planned to begin operation?	<input type="radio"/> N/A		
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:			
Name of Individual who will manage the school:			
Title:		Email:	
Address:		Licensed in Mississippi?	<input type="radio"/> YES <input type="radio"/> NO If yes, LMT No. _____ Expiration: _____ Instructor No. _____

Name of Lead Instructor:			
Title:		Email:	
Address:		Licensed in Mississippi?	<input type="radio"/> YES <input type="radio"/> NO If yes, LMT No. _____ Expiration: _____ Instructor No. _____

Is there an annex location: <input type="radio"/> No	<input type="radio"/> Yes - provide address
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APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

Name of Individual who will manage the school:			
Title:	Email:		
Address:	Licensed in Mississippi?	<input type="radio"/> YES <input type="radio"/> NO	If yes, LMT No. _____ Expiration: _____ Instructor No. _____

Name of Lead Instructor:			
Title:	Email:		
Address:	Licensed in Mississippi?	<input type="radio"/> YES <input type="radio"/> NO	If yes, LMT No _____ Expiration: _____ Instructor No. _____

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.

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 _____, 20_____.

NOTARY SEAL

Notary Public

My Commission Expires: _____

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

ATTACHMENT A – Accreditation Requirements **Rule 4.3.A**

Is this school accredited? <input type="radio"/> Yes <input type="radio"/> No	List the name of the Accrediting body:	
Provide the address of the accrediting body		

1. Detail the school and / or the owner's denial of school accreditation. ☐ N/A

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	<input type="radio"/> No <input type="radio"/> Yes	If yes attach explanation in 'ATTACHMENT A'	
(b) Any other State	<input type="radio"/> No <input type="radio"/> Yes	If yes attach explanation in '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:			
<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Not Applicable			
(a) A Federal Agency	<input type="radio"/> No <input type="radio"/> Yes	(c) A National Accrediting Body <input type="radio"/> No <input type="radio"/> Yes If yes, attach explanation	
(b) A State Agency:			
Mississippi	<input type="radio"/> No <input type="radio"/> Yes		
Any Other State	<input type="radio"/> No <input type="radio"/> Yes		

2. Provide a copy of your school's latest massage therapy program accreditation report.

3. Provide a copy of the schools accreditation certificate

ATTACHMENT B – Student Information Relative to Annual Success Rate
Rue 9.2.G.1; Rule 9.14.E; Rule 9.8.C; Rule 9.5.N, O, P

1. This form is located under the ‘School’ licensure tab on our website – www.msbt.state.ms.us.
 - 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;
 - d) include UNDER “Attachment B”
2. Include a roster of all individuals included on the Annual Report and status of student as of May 31st (end of reporting period); and include student placement information. In this report, provide placement information to include job title, employer name, and employer telephone number.
3. Complete the following: **If the school has an Annex Location, duplicate page. Also provide a separate page for cumulative totals.**

DISCLOSURE OF INFORMATION FORM: (for existing schools only)

Board Approved Schools must provide proof to the Board of Massage Therapy of an annual – 1 year or cumulative – 2 years, pass rate that meets or exceeds the current minimum standard (Rule 9.14). on the Massage and Bodywork Licensing Exam (MBLEx)

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.	%

CRITERIA	PERCENTAGE	
Response to 9.5.N		
Response to 9.5.O		
Response to 9.5.P Most Current Year (should match SC.03 Annual Report)		
Response to 9.5.P Previous Year (should match SC.03 Annual Report)		
Response to 9.5.P Cumulative (should match SC.03 Annual Report)		
Does MSBMT Annual Report correspond with these stated percentages?	YES	NO
If No, what information was used to calculate the percentages above? <input type="radio"/> N/A		
Who prepared these calculations: <input type="radio"/> N/A		
If a listing of the individual contained in this report was not received with the Annual Report, provide as an attachment a listing of these graduates and placement information. <input type="radio"/> N/A		
How does the school check employment status and placement rate?		
Are exit survey's conducted?		
Telephone follow-up?		
Other (specify) <input type="radio"/> N/A		

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

ATTACHMENT C – Bond Information - Rule 9.2.C, D

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

and _____

School's Name
School Address
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

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

furnish a surety bond in the amount as stated above.

School's Name

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 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

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

- 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

Phone Number of Insurance or Bonding Agency

BOND PAGE 2 OF 2

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

ATTACHMENT C – Bond, continued

CRITERIA	N/A	YES	NO
Surety bond provided w/application			
Effective Date:	Expiration Date:		
Cash or Certificate of Deposit or Government Bonds provided in lieu of Surety Bond?			
Detail:			

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

ATTACHMENT D – Professional Liability **Rule 9.2.E**

Provide a copy of the certificate of liability insurance covering all aspects of the facility, personnel and students.

CRITERIA	N/A	YES	NO
Professional Liability Insurance Policy provided that covers the facility? Effective Date _____ Expiration Date _____ Each Claim Amt: _____ Aggregate Amt: _____			
Professional Liability Insurance Policy provided that covers the student? Effective Date _____ Expiration Date _____ Each Claim Amt: _____ Aggregate Amt: _____			
Have any changes been made since the prior policies were provided?			
If YES, explain: <input type="radio"/> N/A			
Comments: <input type="radio"/> N/A			

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

ATTACHMENT E – Educational Facilities **Rule 9.11.C; Rule 9.2.G.1, 3, 5; Rule 9.18.D.2; Rule 9.8.D**

CRITERIA	N/A	YES	NO
Does the school have a current business permit			
Is the permit posted, as required?			
<div style="display: flex; justify-content: space-between; padding: 5px;"> Issue Date: Expiration Date: </div>			
Is the fire inspection posted?			
<div style="display: flex; justify-content: space-between; padding: 5px;"> Issue Date: Expiration Date: </div>			
Is the MSBMT school license posted?			
Does the school have an Emergency Continuity Plan? If 'yes', include in this attachment			

If the school has an Annex Location, duplicate this form and attach

ATTACHMENT F – Financial Resource Information - Rule 9.2.G.1

For individual, firm or corporate ownership, provide a detailed financial statement which indicates solvency. The financial statement must be signed by an authorized official, and notarized.

FOR MS STATE BOARD OF MASSAGE THERAPY USE ONLY

Reviewed by MSBMT representative:	
Date Reviewed:	
Findings:	

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

ATTACHMENT G – Advertisements - Rule 9.7

Provide a copy of ALL school advertisements, included, but not limited to:

1. catalog;
2. brochures;
3. website advertisements;
4. radio advertisements.

Does your School of Massage Therapy have a website? If so, please answer the following questions:		<input type="radio"/> YES <input type="radio"/> 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.	<input type="radio"/> YES <input type="radio"/> NO
3	Does your website contain detail regarding the 700 hours requirement for Mississippi licensure? If no, please explain in detail.	<input type="radio"/> YES <input type="radio"/> 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.	<input type="radio"/> YES <input type="radio"/> 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.	<input type="radio"/> YES <input type="radio"/> 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.	<input type="radio"/> YES <input type="radio"/> NO
7	If pass rates are provided on your webpage, you must include the pass rate for your school with <u>MSBMT. Remember, your pass rate is based on the number of GRADUATES who pass board approved exams.</u> If no, please explain in detail.	<input type="radio"/> YES <input type="radio"/> 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.”?	<input type="radio"/> YES <input type="radio"/> NO

CRITERIA	YES	NO
Is the school license number included on the website?		
Is the school license number included in the catalog?		
Do all other means of advertising meet the requirements of Rule 9.7?		

Signature of an authorized official as being true and correct in content and policy.

School Official

Date

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

ATTACHMENT H - VERIFICATION OF CURRICULUM - Rule 9.21.D and 9.1

School Name:	License #:	Date of Last Curriculum Change:			
Science of the Human Body – 200 hours					
COURSE #	HOURS REQUIRED	HOURS OFFERED			SUBJECT
		LECTURE	ON-LINE	LAB	
	20				Anatomy - including all body systems
	20				Physiology - including all body systems
	20				Myology/kinesiology
	20				Neurology
	20				Pathology - including medical terminology
					Other (Specify)
					Other (Specify)
					Other (Specify)
					Other (Specify)
1	TOTAL	200			Science of the Human Body
Massage Theory/Practicum – 200 HOURS					
COURSE #	HOURS REQUIRED	HOURS OFFERED			SUBJECT
		LECTURE	ON-LINE	LAB	
	10				Legalities including MS Massage law and ethics
	20				History Benefits, Indications/Contraindications
	100				Massage demonstrations and supervised Practice
					Other (Specify)
					Other (Specify)
					Other (Specify)
2	TOTAL	200			Massage Theory / Practicum
Allied Modalities – 200 HOURS					
COURSE #	HOURS REQUIRED	HOURS OFFERED			SUBJECT
		LECTURE	ON-LINE	LAB	
	7				Eastern, European, and Western theory/methods
	8				CPR/First aid/HIV
	25				Hydrotherapy/Infrared Heat
	20				Referral methods within the health care system.
	10				Charting and documentation
					Other (Specify)
					Other (Specify)
					Other (Specify)
3	TOTAL	150			Allied Modalities
§73-67-35 (1) The above 600 hours must be supervised in-class massage therapy instruction.					
	REQUIRED	OFFERED	Clinical – 50 HOURS in supervised student clinic and must include at least (50) practical hands-on one-hour massage therapy sessions		

600	TOTAL MASSAGE THERAPY PROGRAM HOURS
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APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

ATTACHMENT H – continued

If the school has an Annex Location, duplicate this form and attach

2. Include your school schedule for the current class showing attendance dates, classes scheduled and times.

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

3. Course syllabi
4. Listing of all courses and who is the primary instructor and who is the alternate instructor (if any)
5. Copy of each instructor license who will teach in the massage therapy program and completion of the following:

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 #		
Name	Instructor #		
Name	Instructor #		
Name	Instructor #		
Name	Instructor #		
Name	Instructor #		
Name	Instructor #		
Name	Instructor #		

CRITERIA	N/A	YES	NO
Have there been any change of program curriculum submitted prior to receipt of the renewal application?			
Date mailed to MSBMT?			
Were there any changes introduced in the program curriculum renewal application?			
Were there program curriculum changes submitted after the renewal application was submitted but prior to the inspection?			
Date mailed to MSBMT:			
If yes, when is the scheduled date of implementation?			

6. Staff roster and organizational chart

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

Attachment AA will be used by the MSBMT auditors for verification **ATTACHMENT I - LEASE AGREEMENT INFORMATION - Rule 9.19**

1. Attach a copy current lease.
If you have an annex location, provide a copy of this lease as well
2. Complete the section below:

PRIMARY LOCATION (Main campus)

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?		

Building is: <input type="radio"/> Owned <input type="radio"/> Leased	Length of Lease:
Lessor:	
Exterior Construction:	Interior Construction (Walls):
Clinic Floor Covering:	Classroom Floor Covering:

ANNEX LOCATION (if required)

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?		

How many square feet of classroom space is available per student?	
How many square feet of lab space is available per student?	

Building is: <input type="radio"/> Owned <input type="radio"/> Leased	Length of Lease:
Lessor:	
Exterior Construction:	Interior Construction (Walls):
Clinic Floor Covering:	Classroom Floor Covering:

ATTACHMENT 'J' – OWNER SURVEY FORM, page 1 (Rule 9.2; 9.8; 9.11; 9.18)

If Partnership, list ALL partners. If Corporation, list officers and titles AND complete requirements of Attachment J for each		
Name	Title	Address
Name	Title	Address
Name	Title	Address
Name	Title	Address
Name	Title	Address
Name	Title	Address
Name	Title	Address

Are Personal Survey Forms attached for each of the above?	<input type="radio"/> YES	<input type="radio"/> NO
If not, why?		

Complete the form below on each partner and/or officer. Copy as needed.

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

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: <input type="radio"/> Partner <input type="radio"/> Corporate Officer <input type="radio"/> Sole Owner		
If Corporate Officer, State Position:		
Have you ever been convicted of a felony? <input type="radio"/> Yes <input type="radio"/> No	If so, where, when and why?	
Are you addicted to the excessive use of: <input type="radio"/> Alcohol <input type="radio"/> Drugs; If yes, explain		
Previous Address:		
Are you now or ever been licensed to practice within the field of massage therapy? <div style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</div>		
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? <div style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</div>		
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? <input type="radio"/> Yes <input type="radio"/> No	If yes, state name and address of school(s)?	Dates owned:
Business or profession, if other than massage therapy?		

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

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 K – Notification of Changes - Rule 9.2.G.4; Rule 9.17

CRITERIA	N/A	YES	NO
Was the Board notified of any changes as identified in Rule 9.2.G.4 after the prior license was granted and prior to receipt of the renewal application?			
If Yes, provide detail: <input type="radio"/> N/A			
Does this match what was submitted in the renewal application?			
Was the Board notified of any changes as identified in Rule 9.17 after the prior license was granted and prior to receipt of the renewal application?			
If Yes, provide detail: <input checked="" type="radio"/> N/A			
Does this match what was submitted in the renewal application?			

9.2. G. 4. Agreement to notify the Board within 10 working days of changes in any of the following:

Ownership	Job Placement Service
Agents	School Director
Instructors	Financial Stability
Evaluation System	Facility Standards
School Name	Instructional Equipment
Loss of Financial Aid Program Eligibility	

Rule 9.17 Changes during the School Licensure Period

A. The Board of Massage Therapy must be informed immediately of any changes in the following areas:

1. Ownership
2. School Name
3. Instructors
4. Programs of Study
5. Evaluation Methods
6. Job Placement Service
7. Administrators
8. Financial Stability
9. Location
10. Accreditation status, including violations
11. Prior to any Change of Ownership

Source: Miss Code Ann § 73-67-15 (1) (s) (Rev. 2008); § 73-67-35 (Rev. 2008)

ATTACHMENT L – Admissions / Orientation / Pre-Enrollment / Denial Policy
Rule 9.6.A

CRITERIA	YES	NO
Is the school's Admission Policy provided each student?		
Where is this documentation found?		
Is the student required to sign a document acknowledging that this has been received?		
How does the school determine "good moral character"?		
Does the school require fingerprinting?		
Does the school require that the student ATTEST TO information relative to prior arrests and convictions?		
Does the school require that the student PROVIDE information relative to prior arrests and convictions?		
If so, where this information is stated (page # and source document).		
Is the Orientation session documented in each student file?		
If a student is not accepted, where is this maintained?		
How is the pre-enrollment interview conducted?		
Is an entrance exam required?		
If, Yes, what is the exam name and what is the minimum score? N/A SCORE:		
Is a copy of the high school diploma or transcript or driver's license or passport or another document (specify _____) that provides for proof of age (18) maintained in the student's permanent record?		
If yes and the acknowledgements are contained in each individual student file, please refer to Attachment B for spreadsheet information detail.		
In No, where is it? N/A		
Where are the school's official rules for admission denial?		
Document: _____		
Page #: _____		

Attachment AB will be used by the MSBMT auditors for verification

ATTACHMENT M – Educational Requirements - SOAP Documents
Rule 4.2.B.4

Provide a copy of your SOAP form that provides for space for:

1. date;
2. student signature; and
3. supervising clinical instructor signature(s)

Attachment AC will be used by the MSBMT auditors for verification

ATTACHMENT N – Educational Requirements - Clinical Evaluations
Rule 4.2.B.4

Provide a copy of the clinical evaluations of student by the client that provides for:

1. client name;
 2. date;
 3. signature of the client;
 4. signature of the student indicating that the evaluation has been review with the instructor;
- and
5. signature of the supervising instructor indicating that the evaluation has been reviewed with the student.

Attachment AC will be used by the MSBMT auditors for verification

ATTACHMENT O – Educational Requirements - Intake Form
Rule 4.2.B.4

Provide a copy of the Intake Form used in your student clinic

Attachment AC will be used by the MSBMT auditors for verification

ATTACHMENT P – Educational Requirements - Clinical Advertisements and TIP Information - Rule 4.2.B.4; Rule 9.7.C

If the school has an Annex Location, duplicate this form and attach

CRITERIA	YES	NO
Does the Clinic Service advertisement include the respective words "student massage"?		
Provide a copy of the Clinic Service Menu and/or advertising as an attachment. <input type="radio"/> N/A		
How is the information provided to the client regarding 'tips'?		
If 'tips' are taken, what are they used for? <input type="radio"/> N/A		

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

If the school has an Annex Location, duplicate this form and attach

ATTACHMENT Q – Disclosure of Information to Students / Recruitment - Rule 9.5

CRITERIA					
What document(s) were provided in the application to support the disclosure of information to students for the following?					
ENTER PAGE NUMBER EACH ITEM CAN BE FOUND AND IN WHAT DOCUMENT	Catalog	Enroll Agreement	Financial Agreement	Orientation Agreement	Other
- Recruiting Policy					
- Admissions Requirement					
- Academic Calendars					
- Grading System					
- Program Length					
- Program Objectives					
- Licensing Requirements					
- Student Support Services					
- Campus Security Policy					
- Refund Policy					
- Withdrawal Procedures					
- Tuition / Fees					
- Complaint/ Grievance Policy					
- Student Evaluation System					
- List of Ed Institutions that accept Credit from this school					

CRITERIA	YES	NO
Is the recruitment policy communicated to students?		
Where is this information provided?		
How is it compatible with the ethical and educational objectives of the school?		

Attachment AB will be used by the MSBMT auditors for verification
ATTACHMENT R – School's Philosophy and Objectives
Copy of School Transcript - Rule 9.6.A.1

1. Provide a copy of the school's philosophy and objectives that must be publicly stated, printed and made available to its students and shall be administered as written.

Where this is made available to the student? _____

2. Provide a copy of the school's transcript

ATTACHMENT S – Instructional Resources, Materials and Classroom Facilities - Rule
9.10; 9.11. and 9.12

PRIMARY LOCATION

EQUIPMENT – Specify the quantity of the equipment and supplies that will be on hand exclusively for this program (massage tables, overhead projectors, skeletons, charts, chairs, desks, tables, etc.)

[illegible]

Give the maximum anticipated enrollment to be accommodated with the instructional equipment available as of the submission date of this application (for each licensed location)

List all Textbooks, Magazines, and Workbooks to be used: Use additional sheet if necessary

[illegible]

ATTACHMENT S – continuedANNEX LOCATION ☐ N/A

EQUIPMENT – Specify the quantity of the equipment and supplies that will be on hand exclusively for this program (massage tables, overhead projectors, skeletons, charts, chairs, desks, tables, etc.)

EQUIPMENT DESCRIPTION	QUANTITY

Give the maximum anticipated enrollment to be accommodated with the instructional equipment available as of the submission date of this application (for each licensed location)

List all Textbooks, Magazines, and Workbooks to be used: Use additional sheet if necessary			

ATTACHMENT S – continued

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

PRIMARY LOCATION (MAIN CAMPUS)

CRITERIA	YES	NO
Are library resources open and available at times that are convenient to MT students?		
Are computer lab resources available at times that are convenient to MT students? <input type="radio"/> N/A		
Provide the maximum, anticipated enrollment to be accommodated with the instructional equipment available as of the submission date of the application?		
Is the equipment accounted for?		
Does the equipment appear to be in good working order?		
Is there adequate space for teachers that is secure for confidential documents?		
What is the agreed maintenance/ cleaning schedule? <input type="radio"/> N/A		
Are there issues with campus security? <input type="radio"/> N/A		
If Yes, how are they being addressed? <input type="radio"/> N/A		

ANNEX LOCATION

☐ N/A - NO ANNEX LOCATION

CRITERIA	YES	NO
Are library resources open and available at times that are convenient to MT students?		
Are computer lab resources available at times that are convenient to MT students? <input type="radio"/> N/A		
Provide the maximum, anticipated enrollment to be accommodated with the instructional equipment available as of the submission date of the application?		
Is the equipment accounted for?		
Does the equipment appear to be in good working order?		
Is there adequate space for teachers that is secure for confidential documents?		
What is the agreed maintenance/ cleaning schedule? <input type="radio"/> N/A		
Are there issues with campus security? <input type="radio"/> N/A		
If Yes, how are they being addressed? <input type="radio"/> N/A		

ATTACHMENT T - Student / Instructor Ratio and Attendance and Sign-In Sheets
Rule 9.3

Primary Location (Main Campus)

CRITERIA	YES	NO
What is the current student / instructor ratio in the day class?	/	
What is the current student / instructor ratio in the night class? <input type="radio"/> N/A	/	
Does the student / instructor ratio exceed the requirements?		

Where are the attendance documents maintained?

- ☐ Paper Sign-In
☐ Electronic Database
☐ Other, specify _____

Where are the make-up policies and procedures found?

- ☐ School application
☐ MT Program Application (if different from school)
☐ School catalog
☐ Other (specify) _____

How are the students notified of updates to their records regarding make-up work?

- ☐ Instructor / student conference
☐ Portal access
☐ Progress reports
☐ Other (specify) _____

Annex Location

- ☐ No Annex Location

CRITERIA	YES	NO
What is the current student / instructor ratio in the day class?	/	
What is the current student / instructor ratio in the night class? <input type="radio"/> N/A	/	
Does the student / instructor ratio exceed the requirements?		

Where are the attendance documents maintained?

- ☐ Paper Sign-In
☐ Electronic Database
☐ Other, specify _____

Where are the make-up policies and procedures found?

- ☐ School application
☐ MT Program Application (if different from school)
☐ School catalog
☐ Other (specify) _____

How are the students notified of updates to their records regarding make-up work?

- ☐ Instructor / student conference
☐ Portal access
☐ Progress reports
☐ Other (specify) _____

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

ATTACHMENT U – Employment Based on Commission Declaration - Rule 9.16

CRITERIA	YES	NO
Are there any indicators that the school employees a recruiter on the basis of a commission, bonus or quota?		
Who at the school has provided validation of this Rule? <input type="radio"/> Owner <input checked="" type="radio"/> Staff <input type="radio"/> MT Program Director <input type="radio"/> Other (specify) _____		

ATTACHMENT V – Payment Information Regarding Required Testing - Rule 1.4.X**CRITERIA**

What efforts are conducted by the school to keep abreast of the contents of the MBLEx licensing examination to insure that their curriculum will lead to passage of this examination which is required for licensure?

☐ School has purchased the MBLEx Study Guide

☐ Other, specify _____

Who pays for the MBLEx exam?

☐ School

☐ Student

Are there stipulations on the taking of the MBLEx exam such as time constraints, limitations, etc? (i.e. Does the MBLEx have to be taken within a certain number of days after graduation? Explain

☐ No stipulations

How many times does the school pay for the student to take the MBLEx? ☐ N/A ☐ 1; ☐ 2; ☐ 3

Who pays for the licensing fee?

☐ school

☐ student

ATTACHMENT W – Refund Policy - Rule 9.4**REFUND POLICIES:**

The following Refund Policies shall be stated in School's Catalog. The total tuition charges shall be divided evenly among the quarters.

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:

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.

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:

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

CRITERIA	N/A	YES	NO
Does the school's refund policy meet the requirements of Rule 9.4.?			
If No, does it offer the students a greater refund than required by MSBMT?			
Is this contained in the school catalog?			
Is this contained in the enrollment agreement?			
If this contained in another document? If so, specify			

ATTACHMENT X - Grievance and/or Complaint Log - Rule 9.2.G.1

Attach a copy of your most updated Grievance and/or Complaint Log

If the school has an Annex Location, include a log from both locations

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

☐ NOT APPLICABLE

ATTACHMENT Y – School Closing Detail - Rule 9.20

CRITERIA	N/A	YES	NO
School / Program Closeout Plan - Refer to Attachment, if required			
Was MSBMT notified within 60 days of MT program closure?			
Have students been given proper notice?			
Are records maintained and accessible as planned?			
Have financial refunds and/or education obligations been fulfilled to students?			
Have students needing licensure exam remediation, licensing or transfer assistance been helped?			
During the on-site visit, did the audit committee find anything different than what was originally submitted in their school closure notification letter?			
If Yes, detail			
<input type="radio"/> N/A			
Is there any other action required by MSBMT at this time?			
Is there additional information pending?			
If Yes, detail			
<input type="radio"/> N/A			

ATTACHMENT Z – School Evaluation Documents - Rule 9.19. Evaluation of a School

ATTACHMENT	COMPLIANT		VIOLATION (RULE/STATUTE)	RECOMMENDATION	FINE
A	<input type="radio"/> YES	<input type="radio"/> NO			
B	<input type="radio"/> YES	<input type="radio"/> NO			
C	<input type="radio"/> YES	<input type="radio"/> NO			
D	<input type="radio"/> YES	<input type="radio"/> NO			
E	<input type="radio"/> YES	<input type="radio"/> NO			
F	<input type="radio"/> YES	<input type="radio"/> NO			
G	<input type="radio"/> YES	<input type="radio"/> NO			
H	<input type="radio"/> YES	<input type="radio"/> NO			
I	<input type="radio"/> YES	<input type="radio"/> NO			
J	<input type="radio"/> YES	<input type="radio"/> NO			
K	<input type="radio"/> YES	<input type="radio"/> NO			
L	<input type="radio"/> YES	<input type="radio"/> NO			
M	<input type="radio"/> YES	<input type="radio"/> NO			
N	<input type="radio"/> YES	<input type="radio"/> NO			
O	<input type="radio"/> YES	<input type="radio"/> NO			
P	<input type="radio"/> YES	<input type="radio"/> NO			
Q	<input type="radio"/> YES	<input type="radio"/> NO			
R	<input type="radio"/> YES	<input type="radio"/> NO			
S	<input type="radio"/> YES	<input type="radio"/> NO			
T	<input type="radio"/> YES	<input type="radio"/> NO			
U	<input type="radio"/> YES	<input type="radio"/> NO			
V	<input type="radio"/> YES	<input type="radio"/> NO			
W	<input type="radio"/> YES	<input type="radio"/> NO			
X	<input type="radio"/> YES	<input type="radio"/> NO			
Y	<input type="radio"/> YES	<input type="radio"/> NO			
Z	<input type="radio"/> YES	<input type="radio"/> NO			
TOTAL FINES -----					

Attachment AA -
Attachment AB -

Instructor File Checklist
Student File Checklist

AD - Student Satisfaction Surveys
AE - Instructor Satisfaction Surveys

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

Attachment AC -

Clinic File Checklist

ATTACHMENT AA - INSTRUCTOR FILE CHECKLIST

INSTRUCTOR NAME →				
Instructor Number				
Courses Currently Teaching				
Instructor License Posted	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Restrictions (if any)				
Hire Date				
Job Description	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Resume	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Contract	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Employment Agreement	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Transcripts	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Certifications	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
CPR / FA	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
CEU Training Documents	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
In-Service Training Faculty Development	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Additional Licenses (if any)	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Performance Reviews by Administration (Last Date)				
Performance Evaluations by Students (Last Date)				
Other, Specify	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Other, Specify	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Other, Specify	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Other, Specify	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Other, Specify	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

ATTACHMENT AB - STUDENT FILE

STUDENT NAME →				
Current Status				
Date of Birth				
Graduation Date				
Application Date				
Admission Contract/Agreement	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Disclosures				
Proof of High School Graduation or GED	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
CPR / First Aid Date Certified				
Academic Progress Evidence	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Disciplinary Documents / Status Change	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Attendance and Make-Up Hours Documented	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Financial Information / Document	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Driver's License	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Social Security Card	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Medical Release	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Transfer Credits / Transcripts	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Final Transcript / Diploma	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Placement Information	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Exit Interview / Exit Survey	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Other, Specify	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Other, Specify	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Other, Specify	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Other, Specify	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Other, Specify	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

ATTACHMENT AC - CLINIC FILE CHECKLIST
(Copy as many as required)

STUDENT NAME →					
Status					
Graduation Date					
Total # of documented sessions?					
Total # of 1-hour sessions?					
STUDENT LOGS					
Dated	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Student Signature	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Instructor Signature	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
CLIENT FEEDBACK (SURVEY)					
Dated	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Client Initials	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Student Review and Signature	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Instructor Review and Signature	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Instructor Feedback / Resolution Noted with Student	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
INTAKE / MEDICAL HISTORY FORM					
Dated	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Client Signature	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Student Signature	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Instructor Signature	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
SOAP NOTES					
SOAP Notes Dated	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
SOAP Charts Completed	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Client Name	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Student Signature	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Instructor Review/Signature/Initials	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Are client files maintained and stored in a private, confidential and safe manner?					
How often are client intake forms updated?					

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

How long are client and student clinic logs retained?	
---	--

ATTACHMENT AD - STUDENT SATISFACTION SURVEY

1. Did the admission representative accurately represent the education and services of the institution?	<input type="radio"/> YES <input type="radio"/> NO
2. Were you advised of any credentialing or licensing requirements available or necessary for employment in the field prior to admission?	<input type="radio"/> YES <input type="radio"/> NO
3. Did admissions or program director discuss with you career details, opportunities, licensure requirements and income scales in the profession?	<input type="radio"/> YES <input type="radio"/> NO
What would you expect to be paid per hour for an entry-level position in your chosen field upon graduation? As a student, what have you found to be different in your expectations or what you were told prior to enrollment?	\$____ PER HR <input type="radio"/> YES <input type="radio"/> NO
4. Did you receive a current institutional catalog, or access to an electronic catalog, upon enrollment?	<input type="radio"/> YES <input type="radio"/> NO
5. Have you received all the materials needed for this program that were promised to you by the school? (i.e. textbooks, supplies, etc.) If not, explain.	<input type="radio"/> YES <input type="radio"/> NO
6. Have there been any extra costs for the program or changes to curriculum that were not discussed with you at the time of your admission? If so, explain.	<input type="radio"/> YES <input type="radio"/> NO
7. Do your instructors present the subject matter in a clear manner?	<input type="radio"/> YES <input type="radio"/> NO
8. Do your classes start and end on time?	<input type="radio"/> YES <input type="radio"/> NO
9. Are instructors and/or tutoring available outside of class?	<input type="radio"/> YES <input type="radio"/> NO
10. Are your lab/clinic classes supervised by instructors?	<input type="radio"/> YES <input type="radio"/> NO
11. Are you aware of your current grades and academic progress?	<input type="radio"/> YES <input type="radio"/> NO
12. Do your instructors review exam results and other graded assignments with you?	<input type="radio"/> YES <input type="radio"/> NO
13. Were you given a syllabus (electronic or hard copy of the course outline) on the first day of class?	<input type="radio"/> YES <input type="radio"/> NO

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

14. Is equipment in good working-order and are program supplies sufficient to support your classroom and laboratory activities?	<input type="radio"/> YES <input type="radio"/> NO
15. Are student support services, such as orientation, personal referral information, and employment assistance available?	<input type="radio"/> YES <input type="radio"/> NO
16. Are you aware of the Student Grievance Policy and Procedures for filing a complaint with the school or with a fellow student or instructor?	<input type="radio"/> YES <input type="radio"/> NO
17. Have you ever used the Student Grievance Procedure? If so, was your complaint resolved? Explain	<input type="radio"/> YES <input type="radio"/> NO
18. If you fail a class or have absences, is there a makeup policy? Explain the process.	<input type="radio"/> YES <input type="radio"/> NO
19. Overall, are you satisfied with training and educational services? If no, explain.	<input type="radio"/> YES <input type="radio"/> NO
20. Would you recommend the institution to others? If no, explain.	<input type="radio"/> YES <input type="radio"/> NO

List all of your current courses and instructors:

Other Comments:

Thank you for completing this document. Your input is appreciated and will provide valuable information. For information about the MS State Board of Massage Therapy Schools and licensure, please visit the MSBMT website at www.msbmt.state.ms.us.

ATTACHMENT AE - INSTRUCTOR SATISFACTION SURVEY

Were you oriented to your job when hired? If so, by whom?	<input type="radio"/> YES <input type="radio"/> NO
Were you advised of any credentialing or licensing requirements available or necessary for employment in this position prior to hire?	<input type="radio"/> YES <input type="radio"/> NO
Which courses have you taught or are currently teaching at this school? If you have a teaching assistant for a particular course, please include name.	
Did you receive a current institutional catalog, or access to an electronic catalog, and employee and/or student handbook upon employment?	<input type="radio"/> YES <input type="radio"/> NO
Did you sign a contract?	<input type="radio"/> YES <input type="radio"/> NO
Did you sign an employment agreement?	<input type="radio"/> YES <input type="radio"/> NO
Have you received all the materials needed to teach your courses that were promised to you by the school? (i.e. textbooks, supplies, etc.) If not, explain.	<input type="radio"/> YES <input type="radio"/> NO
Did you receive an orientation when hired?	<input type="radio"/> YES <input type="radio"/> NO
Has your supervisor performed a classroom observation on you? How often? _____ When was the last observation? _____	<input type="radio"/> YES <input type="radio"/> NO
Are you performing tutoring or make-up services outside of class?	<input type="radio"/> YES <input type="radio"/> NO
Are you supervising clinic?	<input type="radio"/> YES <input type="radio"/> NO
Are you given opportunities for professional development and /or training? Please give examples.	<input type="radio"/> YES <input type="radio"/> NO
Were you provided a syllabus (electronic or hard copy) of the course outline prior to the course or did you have to create your own?	<input type="radio"/> Provided <input type="radio"/> Created
Is equipment in good working order and are program supplies sufficient to support your classroom and laboratory activities?	<input type="radio"/> YES <input type="radio"/> NO
Are student support services, such as orientation, personal referral information, and employment assistance available?	<input type="radio"/> YES <input type="radio"/> NO
Are campus activities available for students and staff? Give examples.	<input type="radio"/> YES <input type="radio"/> NO
If you are unable to attend a scheduled class, whom do you contact and what is the process?	

APPLICATION FOR APPROVAL OF MISSISSIPPI MASSAGE THERAPY SCHOOL

If you have a problem with the school, an employee, or student, is there a process that you can utilize to report your complaint? If you have ever used it, describe the process and outcome.	<input type="radio"/> YES <input type="radio"/> NO
Overall, are you satisfied with training and educational services? If no, explain	
Would you recommend the institution to others? If no, explain	<input type="radio"/> YES <input type="radio"/> NO

Other Comments:

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