



INSTRUCTOR APPLICATION

ITEM	INFORMATION TO BE SUBMITTED	RESPONSE
1	2-YEAR INITIAL APPLICATION FEE - \$100 fee required with application	YES
2	EXISTING INSTRUCTOR – Requesting Change or Addition to Existing or New Category - \$50 fee required with application	YES
3	\$100.00 TEMPORARY INSTRUCTOR LICENSE FEE FOR 90 DAYS	YES
	Provide documented evidence of proof of an emergency, as follows: <ul style="list-style-type: none"> a. Unexpected resignation or termination of _____ b. Immediately preceding the scheduled class of _____ c. 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	

NOTE: ALL MISSISSIPPI INSTRUCTOR LICENSES EXPIRE JUNE 30 OF EVEN YEARS.

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

GENERAL QUALIFICATIONS FOR ALL MASSAGE THERAPIST:

Rule 9.1.A. A massage therapist desiring to be licensed as a massage therapy instructor of Category M, A, B, H, L shall produce evidence satisfactory to the Board of Massage Therapy that the applicant meets the following general requirements.

Is a graduate from a qualified school of massage therapy (must attach transcript)	Attached
Is a licensed massage therapist in good standing with the Board with a license status of Active, Inactive or Retired	Attached
Has lawfully practiced massage therapy for at least three (3) years (must attach copy of license providing the original date of issue as well as the expiration date)	Attached
Has completed a Board approved course of at least 20 hours in teaching skills for adult education (must attached score sheets)	Attached

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

A person desiring to be licensed under Category M as a massage therapy instructor shall specify each specific therapy technique or modality, clinic, palpatory anatomy / kinesiology. The Board will list the approved subjects on the applicant's instructor license for license for category M.

Check if YES													
	For teaching basic massage theory, Swedish and/or relaxation therapy or clinical practicum-related modality the applicant meets the requirement of Rule 9.1.A. above (General Requirements).												
	For teaching palpatory anatomy / kinesiology or a specific therapy technique or modality, produce evidence satisfactory to the Board that the applicant meets the requirements of Rule 9.1.A. and has completed at least two (2) times the hours of education in the subject matter.												
	Palpatory anatomy / kinesiology?												
	If "YES", name the specific therapy technique or modality and the total number of hours this course is taught in the curriculum. Attach support documents. Use additional page, if required												
	<table border="1"> <thead> <tr> <th>MODALITY</th> <th>CURRICULUM HRS</th> <th>COURSE #</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	MODALITY	CURRICULUM HRS	COURSE #									
MODALITY	CURRICULUM HRS	COURSE #											

B

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

Check if YES	
	If a massage therapist, this individual meets all the general requirements provided in Rule 9.1.A. above AND
	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: <input type="checkbox"/> business; <input type="checkbox"/> marketing; <input type="checkbox"/> substantially equivalent major in _____
	Name the evidence document which must be produced and attached.

L

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

Check if YES	
	If a massage therapist, this individual meets all the general requirements provided in Rule 9.1.A. above.
	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.

Check if YES	
	If a massage therapist, this individual meets all the general requirements provided in Rule 9.1.A. above.
	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.

Check if YES	
	Evidence of certification by the American Red Cross or the American Heart Association as an instructor.

A

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

Check if YES																																					
	If a massage therapist, this individual meets all the general requirements provided in Rule 9.1.A. above AND																																				
	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: <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 OR <input type="checkbox"/> education with concentration in biology; OR <input type="checkbox"/> substantially equivalent major in _____																																				
	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 infectious 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. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">SEMESTER HOURS</th> </tr> <tr> <th style="width: 15%;">HRS</th> <th style="width: 60%;">COURSE TITLE</th> <th style="width: 25%;">HRS X 15 =</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	SEMESTER HOURS			HRS	COURSE TITLE	HRS X 15 =																														
SEMESTER HOURS																																					
HRS	COURSE TITLE	HRS X 15 =																																			

HRS	LABORATORY COURSE TITLE	HRS X 30 =
TOTAL HOURS OF THE 270 HRS REQUIRED		
QUARTER HOURS		
HRS	COURSE TITLE	HRS X 10 =
HRS	LABORATORY COURSE TITLE	HRS X 20 =
MASSAGE THERAPY SCHOOL HOURS		
HRS	COURSE TITLE	HRS
TOTAL HOURS OF THE 270 HRS REQUIRED		

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

SIGNATURE

DATE