

CHANGE OF PERSONNEL FOR MASSAGE THERAPY ESTABLISHMENTS

This form can be obtained online at: cca.hawaii.gov/pvl

The Massage Establishment's Principal Massage Therapist of record may use this form to report:

- Section 1 - **All changes, additions or terminations** of your principal massage therapist(s). (Section 16-84-11, Hawaii Administrative Rules). Please note any additions require that the new principal massage therapist(s) sign the acknowledgement.
- Section 2 - Changes, additions or terminations of any **licensed** massage therapist(s) **employed or terminated** by, or associated with the massage establishment.

*****Failure to provide all of the requested information will delay the processing of your changes.*****

If a licensed massage therapist would like to self-report a **termination** of employment and/or designation as principal massage therapist of an establishment, they may submit a written request that includes their name, license number, the name and license number of the massage establishment and the effective termination date. You cannot self-report changes other than terminations.

Submit original form to:
 Mail to: Board of Massage Therapy
 DCCA, PVL Licensing Branch
 P.O. Box 3469
 Honolulu, HI 96801

Deliver to Office Location:
 335 Merchant Street, Room 301
 Honolulu, HI 96813

Phone: (808) 586-3000

MASSAGE ESTABLISHMENT	Name of Massage Therapy Establishment	Physical Address of Establishment (not mailing) on file with DCCA*	Establishment Lic. No. MAE -
	Trade Name/dba (doing business as), if any		Phone No.

* Physical business address changes require the filing of a Massage Establishment application, \$25 and supporting documentation. Applications are available at our website.

Complete this section only if you are reporting "PRINCIPAL THERAPIST" changes:

Section 1: PRINCIPAL MASSAGE THERAPIST CHANGES	Name of Principal Massage Therapist	License No.	License Expiration Date	Date Employed or Associated	Date Terminated

		MAT -			
		MAT -			

ACKNOWLEDGEMENT:
 I hereby acknowledge that I will be the principal massage therapist for the above named massage therapy establishment. I also acknowledge that I have read, understand, and agree to comply with all statutes and rules pertaining to the Board of Massage Therapy, including but not limited to, Hawaii Administrative Rules chapter 11-11-4 and Hawaii Revised Statutes chapter 452, and my responsibilities.

 Signature of Principal Massage Therapist Date Signature of Principal Massage Therapist Date

Complete this section only if you are reporting massage therapist changes: (DO NOT LIST YOUR "PRINCIPAL THERAPIST" HERE)

Section 2: MASSAGE THERAPIST CHANGES	Name of Licensed Massage Therapist	License No.	License Expiration Date	Date Employed or Associated	Date Terminated

		MAT -			
		MAT -			

The Massage laws and rules are available on our website at: cca.hawaii.gov/pvl. Click on "Massage Therapy".

 Signature of Principal Massage Therapist Date: _____

 Print Name of Principal Massage Therapist Phone No.: _____

 Lic. Number: MAT - _____

(FORM MAY BE DUPLICATED)