

INFORMATION/REQUIREMENTS AND INSTRUCTIONS FOR FILING AN APPLICATION TO CONDUCT A MASSAGE THERAPY WORKSHOP

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

***** APPLICANTS ARE SUBJECT TO REQUIREMENTS IN EFFECT AT THE TIME OF FILING. *****

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED:

1. Completed "Application To Conduct A Massage Therapy Workshop" form, signed and dated;
2. Completed "Letter of Agreement from Workshop Instructor" form, signed and dated by each instructor (including the workshop provider if the workshop provider intends to teach any portion of the workshop);
3. Non-refundable application fee of \$50.00. Make check payable to: COMMERCE & CONSUMER AFFAIRS (check must be in U.S. dollars and be from a U.S. financial institution.)

NOTE: *One of the numerous legal requirements that you must meet in order for your approval notice to be issued is the payment of fees as set forth in this application. You may be sent an approval notice before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required application fee and your workshop will not be valid, and you may not conduct the workshop. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

If for any reason your application is denied, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules ("HAR"), and/or Chapter 91, Hawaii Revised Statutes ("HRS"). Your written request for a hearing must be directed to the agency that approves workshops, and must be made within 60 days of notification that your application for a license has been denied.

Application Deadline

A complete application must reach the Board of Massage Therapy's office no later than 60 days before the start date of the workshop.

Workshop and Course Content Requirements

The course content of the workshop shall be as follows:

- Anatomy, physiology and structural kinesiology (maximum 50 hours)
- Theory and demonstration of massage which shall include: the proper procedure in massaging, record keeping, hygiene, theory, techniques for specific conditions contraindications of massage for specific techniques according to conditions, draping and assessment of the client's conditions and the general technique to be applied (maximum 100 hours)

No practical training may be included in the workshop curriculum.

The Board does not approve workshops with curriculum other than the course content listed above. Please refer to HAR §16-84-23(i) for more information.

All workshop instructors must be a Hawaii licensed massage therapist who has been licensed for at least 3 years and must maintain an active license throughout the duration of the workshop and must be employed by or affiliated with the licensed massage establishment where the workshop will take place.

The workshop provider should ensure that workshop attendees are informed of the various pathways of training towards qualification for licensure. The disclosure is to avoid confusion that may include misleading information such as, name of workshop that could imply approval by the Department of Education ("DOE"). The separate pathways are identified below:

- a. Workshop training is a pathway toward partial qualification for licensure and is limited only to the academic course of study and not the practical/clinical training;
- b. Institutional education from a DOE licensed school is another pathway. DOE school license requirements include general financial stability, adequacy of facility and equipment, preparation of school brochures and catalogs, surety bond requirements, fitness of school principal to operate a school, and may include a school inspection among other things.

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Workshop Approval

Please be advised that approval of the workshop is valid until June 30 of every even numbered year, and is only valid for the instructor(s), massage establishment, dates, and course curriculum (i.e., subject matter and hours) as stated on the application. Subsequent approval to conduct the same workshop at any other time prior to June 30 of every even numbered year is not required unless there is a change in the instructor(s), course curriculum (subject matter or hours) or massage establishment. If there is such a change, the Board's approval shall be invalidated and you will need to submit a new workshop application that shall be subject to the Board's approval.

If there is a relocation of the approved massage establishment: Once the relocation has been approved, the workshop provider needs to submit a written request to the Board which includes written confirmation that there are no changes to the instructor(s) or course curriculum and the start and end dates of the workshop at the new location. The Board will then issue a new approval. A workshop may not be conducted at the new location until the Board has approved the relocation of the workshop.

Please be further advised that the licensed therapist instructor shall provide a copy of the Board's approval letter and a completion certificate to any person who successfully completes the workshop. The certificate shall be signed by the instructor and include at the very least, the name of the workshop attendee, name of the licensed massage establishment where the course was conducted, dates of the workshop, the course content and total number of hours completed for each course.

The Board may withdraw approval at any time for good cause and the provider and/or instructor may file an appeal in accordance with HRS chapter 91.

Submitting Application and Supporting Documents

Mail required items to:	Deliver to Office Location:	Toll free voice access numbers for the neighbor islands:
Board of Massage Therapy DCCA, PVL Licensing Branch P. O. Box 3469 Honolulu, HI 96801	<i>OR</i> 335 Merchant St., Room 301 Honolulu, HI 96813 Phone: (808) 586-3000	Kauai: 274-3141 ext. 6-3000 Maui: 984-2400 ext. 6-3000 Hawaii: 974-4000 ext. 6-3000 Lanai: 1-800-468-4644 ext. 6-3000 Molokai: 1-800-468-4644 ext. 6-3000

Abandonment of Application

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the application process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply and comply with the requirements in effect at the time of the reapplication.

Social Security Number

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.** The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, 45 C.F.R., Part 61, Subpart B, §61.7 requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

HRS section 576D-13(j), requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

HRS section 436B-10(4), which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

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Statutes and Rules

The licensee is held accountable for knowing and complying with the Hawaii statutes and rules of massage therapy practice as failure to comply may result in disciplinary action. Copies of the massage therapy statutes, Chapter 452, Hawaii Revised Statutes and rules, Chapter 84, Hawaii Administrative Rules, may be obtained by sending a written request to the Board of Massage Therapy, DCCA, P.O. Box 3469, Honolulu, Hawaii 96801.

The statutes and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "Massage Therapy".

Release of Information

If an agency or individual is assisting you with the application process (including any of your instructors and/or staff at the massage establishment where the workshop will take place), we will not be able to release any information to them unless you provide us with an authorization. If you wish to do so, please complete the "Release of Information to Third Party" portion of the application, sign and date it.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (800) 586-3000 to submit your request.

APPLICATION TO CONDUCT A MESSAGE THERAPY WORKSHOP

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

FOR OFFICE USE ONLY	Date Effective:	Workshop No.
	Approved: <input type="checkbox"/>	Initials/Date:

Legal Name of Applicant (First, Middle)	(Last)
Mailing Address	Phone No. (daytime):
	Email Address:

LEGAL NAME OF WORKSHOP INSTRUCTORS	MAT LICENSE NO.	Date license issued	License Expiration Date

Start date (month/day/year) of workshop:	Ending date (month/day/year) of workshop:
Days workshop will be held (check all that apply): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time workshop will be held (e.g. 8 am - 5 pm):

Name of licensed Massage Establishment where training is to be held (not trade name):	Message Establishment License No.: MAE -
Business Address of Massage Establishment (physical location):	MAE's Business Telephone No.:

Course content of training including subjects and hours (refer to Hawaii Administrative Rules ("HAR"), section 16-84-23(i):

_____ hours (maximum 50) of anatomy, physiology, and structural kinesiology

_____ hours (maximum 100) of theory and demonstration of massage which shall include: (A) The proper procedure in massaging (concerning the protection of both client and massage therapist); (B) Record keeping; (C) Hygiene; (D) Theory; (E) Technique for specific conditions; (F) Contraindications of massage for specific techniques according to conditions; (G) Draping; and (H) Assessment of the client's condition and the general technique to be applied.

NOTE: *The Board will not approve workshop content that does not fall under HAR §16-84-23(i). Also, please note that workshop curriculum may not include any practical (hands-on) training.*

Name of Message Establishment's Owner (First-Middle-Last):	License No. (if any): MAT -	Exp. Date of License:
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MESSAGE ESTABLISHMENT'S OWNER	Acknowledgement of Message Establishment's Owner:	
	1) I have read and I do understand the statutes and rules pertaining to the Board of Massage Therapy	<input type="checkbox"/> YES <input type="checkbox"/> NO
	2) I have agreed to let the applicant conduct this massage therapy workshop at the above-named message establishment	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Affidavit of Message Establishment's Owner:	
<p>I hereby certify that the answers and statements contained in this application and the documents attached thereto are true and correct. I understand that misrepresentation is grounds for refusal to approve my application or subsequent revocation of permit (See, Hawaii Revised Statutes Section 710-1017, Sections 452-24 and 436B-19). I further certify 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 84 and Hawaii Revised Statutes Chapter 452, and my responsibilities.</p>		
Signature of Message Establishment Owner	Date	

Print Name of Applicant: _____

Date: _____

Name of Principal Massage Therapist (First-Middle-Last):	License No.: MAT -	Exp. Date of License:
MAE'S PRINCIPAL MASSAGE THERAPIST	Acknowledgement of Massage Establishment's Principal Massage Therapist:	
	1) I have read and I do understand the statutes and rules pertaining to the Board of Massage Therapy <input type="checkbox"/> YES <input type="checkbox"/> NO	
	2) I understand my responsibilities as a principal massage therapist which includes, but is not limited to being responsible for the conduct of all massage therapists, apprentices, and any other persons affiliated or connected with the massage establishment (e.g. workshop attendees) while those persons are within the premises of the massage establishment <input type="checkbox"/> YES <input type="checkbox"/> NO	
Affidavit of Massage Establishment's Principal Massage Therapist:		
I hereby certify that the answers and statements contained in this application and the documents attached thereto are true and correct. I understand that misrepresentation is grounds for refusal to approve my application or subsequent revocation of permit (See, Hawaii Revised Statutes Section 710-1017, Sections 452-24 and 436B-19). I further certify 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 84 and Hawaii Revised Statutes Chapter 452, and my responsibilities.		
_____ Signature of Principal Massage Therapist		_____ Date
APPLICANT	Acknowledgement of Applicant:	
	1) I have read and I do understand the statutes and rules pertaining to the Board of Massage Therapy <input type="checkbox"/> YES <input type="checkbox"/> NO	
	2) I agree to ensure that the licensed therapist instructor shall provide a copy of the Board of Massage Therapy's approval letter for this workshop and a completion certificate to any person who successfully completes this workshop. The certificate shall be signed by the instructor and include at the very least, the name of the workshop attendee, name of the licensed massage establishment where the course was conducted, dates of the workshop, the course content and total number of hours completed for each course <input type="checkbox"/> YES <input type="checkbox"/> NO	
Affidavit of Applicant:		
I hereby certify that the answers and statements contained in this application and the documents attached thereto are true and correct. I understand that misrepresentation is grounds for refusal to approve my application or subsequent revocation of permit (See, Hawaii Revised Statutes Section 710-1017, Sections 452-24 and 436B-19). I further certify 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 84 and Hawaii Revised Statutes Chapter 452, and my responsibilities.		
_____ Signature of Applicant		_____ Date

Release of Information to Third Party:

To assist me in the permitting process, I authorize the Board of Massage Therapy and staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print name of individual who is assisting you: _____

Signature of Applicant

Date

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT. THIS MAY RESULT IN THE APPLICANT HAVING TO DELAY COMMENCEMENT OF THE PROGRAM.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

*****ALL WORKSHOP INSTRUCTORS (INCLUDING THE WORKSHOP PROVIDER IF THE WORKSHOP PROVIDER INTENDS TO TEACH ANY PORTION OF THE WORKSHOP) MUST COMPLETE A "LETTER OF AGREEMENT FROM WORKSHOP INSTRUCTOR" FORM.*****

EVERY BLOCK MUST BE COMPLETED. All instructors must have been licensed for at least three years and must maintain a current, active Hawaii massage therapist license throughout the duration of the workshop. Make copies of this form as needed.

LETTER OF AGREEMENT FROM WORKSHOP INSTRUCTOR			
Print Full Name of Instructor (First-Middle-Last):		Social Security Number:	
Date of Birth:	License Number: MAT -	ORIGINAL Date of License:	Expiration Date of License
<p>1) I have been licensed as a massage therapist for at least three (3) years <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2) I understand that my Hawaii massage therapist license must be current and active for the duration of this workshop .. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3) I am currently employed by or affiliated with the Massage Therapy Establishment where the workshop will take place and understand that I must remain so for the duration of this workshop <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4) I acknowledge that I will be an instructor for this workshop and will only teach the approved curriculum <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5) I understand that the workshop may only be conducted in the approved Massage Therapy Establishment <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6) I have read and I do understand the statutes and rules pertaining to the Board of Massage Therapy <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Affidavit of Instructor:</p> <p>I hereby certify that the answers and statements contained in this application and the documents attached thereto are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of approval (<u>See</u>, Hawaii Revised Statutes Section 710-1017, Sections 452-24 and 436B-19). I further certify 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 84 and Hawaii Revised Statutes Chapter 452, and my responsibilities.</p>			
_____		_____	
Signature of Instructor		Date	

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