

# TRAINING REPORT - MASSAGE THERAPIST APPRENTICE

This form can also be obtained at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**FOR COMPLETION BY THE APPRENTICE'S PRINCIPAL MASSAGE THERAPIST AND SPONSORING MASSAGE THERAPIST.** If it is the same person, complete both affidavits. *Principal and Sponsoring Massage Therapists must be licensed throughout apprenticeship period.* **EVERY BLOCK ON TRAINING REPORT MUST BE COMPLETED.**

Full Name of Apprentice (First, Middle)		(Last)	
Apprentice Permit No.	Effective date of permit	Date applicant completed training described below	TOTAL TRAINING TIME: (Must be at least 6 months)  Months
Describe course of study; refer to Hawaii Administrative Rules, §16-84-23(j)(1)(2)(3); List massage therapy techniques taught:			Hours spent in this area:
TOTAL HOURS:			
SPONSORING MASSAGE THERAPIST	Name of <b>Sponsoring Massage Therapist</b> (First-Middle-Last)		License No.
	Expiration Date of License		
	<p>Affidavit of Sponsoring Massage Therapist: I hereby certify that the answers and statements contained in this application and on the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of permit (<i>Sections 436B-19 and 452-24, Hawaii Revised Statutes</i>), and is a misdemeanor (<i>Section 710-1017, Hawaii Revised Statutes</i>). I further certify that I have read, understand, and shall obey all laws and rules pertaining to the Board of Massage Therapy.</p> <p>Subscribed and sworn to before me this _____ day of _____ A.D. 20 ____.</p> <p>Doc. Date: _____ No. of Pages: _____</p> <p>Notary Signature: _____ Notary Name: _____ Circuit Court: _____</p> <p>Notary Public, State of: _____ Doc. Description _____</p> <p>My commission expires: _____ Notary Signature: _____</p> <p>Print Name: _____ Date _____</p> <p>_____ Signature of Sponsoring Therapist</p>		
PRINCIPAL MASSAGE THERAPIST	Name of <b>Principal Massage Therapist</b> (First-Middle-Last)		License No.
	Expiration Date of License		
	<p>Affidavit of Principal Massage Therapist: I hereby certify that the answers and statements contained in this application and on the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of permit (<i>Sections 436B-19 and 452-24, Hawaii Revised Statutes</i>), and is a misdemeanor (<i>Section 710-1017, Hawaii Revised Statutes</i>). I further certify that I have read, understand, and shall obey all laws and rules pertaining to the Board of Massage Therapy.</p> <p>Subscribed and sworn to before me this _____ day of _____ A.D. 20 ____.</p> <p>Doc. Date: _____ No. of Pages: _____</p> <p>Notary Signature: _____ Notary Name: _____ Circuit Court: _____</p> <p>Notary Public, State of: _____ Doc. Description _____</p> <p>My commission expires: _____ Notary Signature: _____</p> <p>Print Name: _____ Date _____</p> <p>_____ Signature of Principal Therapist</p>		

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.