

# INFORMATION/REQUIREMENTS AND INSTRUCTIONS FOR FILING AN APPLICATION - MASSAGE THERAPIST APPRENTICE REGISTRATION

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

The Massage Therapy Apprenticeship is another way, besides schooling, of obtaining **practical training** in massage therapy.

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

**\*\*\* PLEASE NOTE ONCE THE MASSAGE THERAPIST APPRENTICE PERMIT HAS BEEN ISSUED, YOU MUST WAIT AT LEAST SIX (6) MONTHS AFTER THE PERMIT'S EFFECTIVE DATE BEFORE YOU CAN APPLY FOR THE HAWAII MASSAGE THERAPIST LICENSE \*\*\***

**ALL APPLICANTS:** The applicant has the burden of proving that he/she meets registration requirements. To ensure that you receive proper credit for your coursework and to facilitate the review of your application, **submit** your school catalogue of course descriptions to describe the courses listed on your transcript. You may also submit a signed letter from an authorized person at the school to verify or clarify the contents of a particular course. Please be advised that credit will be given only for those courses that are clearly defined and that meet with the Board's laws and rules.

ALL DOCUMENTS must be in English. If your documents are in a foreign language, refer to the section entitled "FOR APPLICANTS TRAINED IN A FOREIGN COUNTRY" (on page 2) for more information.

## THE FOLLOWING DOCUMENTS MUST BE SUBMITTED:

1. Completed "Application for Registration - Massage Therapist Apprentice", signed and dated;
2. 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 new permit to be issued is the payment of fees as set forth in this application. Your sponsor may be sent a permit 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 permit fee and your permit will not be valid, and you **may not** work under that permit. Also, a **\$25.00** service charge shall be assessed for payments that are dishonored for any reason.*

*If for any reason you are denied the permit you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a permit has been denied.*

3. Copy of complete certificate/transcript which shows successful completion of at least:
  1. 50 hours of anatomy, physiology and structural kinesiology; **and**
  2. 100 hours 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.
4. Copy of a letter or certificate from the state Department of Education, the University of Hawaii or other institutions approved by the Hawaii Board of Massage Therapy ("Board") to verify that the school or program attended for No. 3 above was licensed/approved at the time the applicant attended; **and**
5. "Letter of Agreement from Sponsor" and "Acknowledgement of Principal Massage Therapist" (Form MA-06a).

**NOTE: If your transcripts indicate "credits", please have your school or program convert the credits to "hours".**

(CONTINUED ON PAGE 2)

FOR APPLICANTS TRAINED IN A **FOREIGN COUNTRY**, SUBMIT WITH YOUR APPLICATION FORM:

1. Documents and fee as listed in Nos. 1, 2, 3, and 5 (on page 1), **and**
2. Letter of certification from a governmental authority (e.g. Ministry of Education) of the country in which the school was located stating that the school was licensed/approved, **and**
3. ALL DOCUMENTS must be in English. Documents that are written in a foreign language must be translated in English. You must submit a copy of the foreign document, ORIGINAL English translation and notarized affidavit. The translator must be someone other than the applicant. The translator must also submit an affidavit (see below example of affidavit). The affidavit must be signed before a notary public.

**Example of translator's affidavit:** The following is an example of a translator's affidavit and contains all of the elements required by the Board. "I certify that I am competent in both the English language and the \_\_\_\_\_ language (language of the document) and that this is a true and complete translation of the foreign language original."

### **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"):**

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

**§436B-10(4), HRS** 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).

### **Instructions for "YES" Answers to questions 6, 7 and/or 8 of the Application for Registration (MA-06)**

- A. The following documentation must be submitted with the registration application. Applications for registration will not be considered without this material.
  1. Questions 6 and 7 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "YES" to one or more of these questions, read paragraph "B" (on page 3), AND you must **submit** the following:
    - i. A statement signed by you explaining the underlying circumstances (include the specific jurisdiction where action took place, penalty imposed and reasons for such action); and
    - ii. Copies of any documents from the licensing authority, including final orders, petitions, complaints, finding of facts and conclusions of law, and any other relevant documents;
  2. If your application indicates a criminal conviction, read paragraph "B" (on page 3), AND you must **submit** the following:
    - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
    - ii. A copy of all related documents (i.e. indictments, judgments, court order, verdict, and terms of sentence) if applicable, proof of payment of any fines and/or proof of fulfillment of conditions of each sentence; and
    - iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders (terms and conditions imposed including any court documentation evidencing completion or discharge);

(CONTINUED ON PAGE 3)

- iv. A **current** criminal history record check in your name from the state where the conviction occurred **AND** the state where you currently reside if different. In Hawaii, you may obtain a criminal history record check from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 456 S. King Street, Room 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: [ag.hawaii.gov/hcjd](http://ag.hawaii.gov/hcjd) to request a "Criminal History Record Check".

- B. If you answered "YES" to questions 6, 7 and/or 8 your application will be reviewed at a Board of Massage Therapy meeting if you have provided all applicable information and documents as described above. The Board will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

### **Submitting Application and Supporting Documents**

Mail all 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	<b>OR</b> 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

### **Address Changes**

It is your responsibility to keep the Board informed of all address changes. Submit your changes in writing.

### **Approval of Application**

The "Apprentice Permit" will be mailed to the mailing address on file at the DCCA for the massage therapy establishment. You must receive your permit before beginning your apprenticeship.

### **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 licensing 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 for licensure and comply with the licensing requirements in effect at the time of the reapplication.

### **Duration of the Apprenticeship Permit**

The duration of the apprenticeship program shall be of **not less** than six months and **not more** than twelve months from the date of issuance of the permit. The permit will be valid for one year from the date of issuance of the permit.

### **Request for an Extension or Change in Sponsor of an Apprenticeship Permit**

To request either an Extension of an Apprenticeship Permit or a Change in Sponsor of an Apprenticeship Permit, please provide the following documents:

- An original completed "Application for Registration - Massage Therapist Apprentice";
- \$50.00 non-refundable application fee;
- A written request including the reason(s) for the request;
- An original completed "Letter of Agreement from Sponsor" and "Acknowledgement of Principal Massage Therapist" (Form MA-06a) with the new sponsoring massage therapist;
- An original notarized "Training Report - Massage Therapist Apprentice" (Form MA-09) completed for the existing permit by the sponsor and principal massage therapist of the massage establishment of record.

Please note that for extension request, the above-referenced documents must be received prior to the expiration date of the permit.

**All requests are subject to review. Apprenticeship training must cease as of the "Date applicant completed training described below" listed on the "Training Report - Massage Therapist Apprentice" (MA-09). Apprenticeship training may resume if a new permit is issued.**

### **Laws and Rules**

The licensee is held accountable for knowing and complying with the Hawaii laws and rules of massage therapy practice as failure to comply may result in disciplinary action. Copies of the massage therapy laws, 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, HI 96801.

The laws and rules are also posted on our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Massage Therapy".

### **Release of Information**

If an agency or individual is assisting you with the registration process (including your Sponsor and/or the massage establishment's Principal Massage Therapist), 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 portion on "**Release of Information to Third Party**", sign and date it.

## **APPRENTICESHIP PROGRAM REQUIREMENTS**

Please refer to Hawaii Administrative Rules, Subchapter 6, Apprentices, Section 16-84-23 for details.

The following are highlights:

1. The apprenticeship training program with a minimum of 420 hours shall include the following:
  - a. Clinical operations - 70 hours:
    - (1) Sanitation - (i.e. application of Department of Health regulations, linen, towels): 30 hours.
    - (2) Office procedures - (i.e. answering phone, taking appointments, client rapport): 30 hours.
    - (3) Record keeping - (client records): 10 hours.
  - b. Advance techniques - 40 hours:
    - (1) Observation of classroom instructors: 20 hours.
    - (2) Consulting: 20 hours.
  - c. Hands-on supervised massage with record keeping: 310 hours.
2. The minimum of 420 hours shall be completed in not less than 6 months and not more than 12 months. Extensions may be granted by the Board for justifiable reasons (for example, verified medical reasons).

The effective date of the apprentice permit shall be the date that the executive officer approves the application for the apprentice permit. That is, a person is **not** permitted to begin the apprentice program until the actual date of approval.

3. Applicants for the massage examination and license are required to have a current/unexpired cardiopulmonary resuscitation (CPR) certificate of completion for both infant and adult issued by the American Red Cross (ARC) or American Heart Association (AHA). Online courses are not accepted. An applicant may submit a CPR certificate other than the ARC or AHA by requesting a waiver and submitting a copy of the CPR certificate, curriculum of the CPR course, name and address of the course sponsor, and all information pertaining to the course sponsor's credentials and accreditation. Board approval is required.

**NOTE:** Upon completing your apprenticeship program, you must submit the "**Application for Exam & License - Massage Therapist**". Call or write to request an application form and exam schedule/application deadlines or you may download an application from our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl).

## **REQUIREMENTS FOR SPONSORING THERAPIST**

Possess at least three (3) years of massage therapist licensure in Hawaii **and** employed by or registered with a licensed massage establishment and must maintain an active license throughout sponsorship period.

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.

**APPLICATION FOR REGISTRATION -  
 MASSAGE THERAPIST APPRENTICE**

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

Legal Name (First, Middle)		(Last)
Other names used (include maiden name)		
Residence Address (include apt. no., city, state, zip code - P.O. Box is not acceptable)		
Mailing Address (ONLY if different from residence)		
Social Security No.	Date of Birth	Phone No. (days)

FOR BOARD USE	Approved: <input type="checkbox"/>	Initials/Date:
	Effective:	Expiration:
	CHECKLIST <input type="checkbox"/> 50 - APK <input type="checkbox"/> 100 - T & D <input type="checkbox"/> Approval Letter	Permit No.: R -
		MAT -
		MAE -

Answer all questions. If any response to questions 6 to 8 is "YES", refer to the instructions for additional documents that must be submitted.

1. Are you at least 18 years of age? .....  YES  NO
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....  YES  NO
3. Have you completed at least 150 hours of studies as prescribed by the Hawaii Board of Massage Therapy rules at an institution recognized by the Board and have you attached evidence of completion? .....  YES  NO
4. Have you ever held or applied for a massage apprentice permit in Hawaii? .....  YES  NO  
 If "YES", Permit No.: \_\_\_\_\_ Issuance Date: \_\_\_\_\_
5. Do you hold or have you ever held a massage therapy license in this or any other jurisdiction? .....  YES  NO  
 If "YES", Jurisdiction: \_\_\_\_\_  
 License No.: \_\_\_\_\_ Effective Date(s): \_\_\_\_\_
6. Was any license ever revoked, suspended or otherwise subject to disciplinary action? .....  YES  NO  
 If "YES", Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Type of disciplinary action: \_\_\_\_\_
7. Are you presently being investigated or is any disciplinary action presently pending against you? .....  YES  NO  
 If "YES", Date: \_\_\_\_\_ Place: \_\_\_\_\_  
 Type of disciplinary action: \_\_\_\_\_
8. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  YES  NO

**Affidavit of Applicant:**

I hereby certify that all statements, answers, and representations made 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 and is a misdemeanor (Sec. 710-1017, Sections 436B-19, and 452-24, Hawaii Revised Statutes). I further certify that I have read, understand, and shall obey all laws 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: \_\_\_\_\_

**FOR COMPLETION BY THE APPRENTICE'S PRINCIPAL MASSAGE THERAPIST AND SPONSORING MESSAGE THERAPIST.**  
Principal and Sponsoring Massage Therapists must be licensed throughout apprenticeship period. EVERY BLOCK MUST BE COMPLETED. (Sponsor must possess at least three years of massage therapist licensure in Hawaii and employed by or registered with a licensed massage therapy establishment and must maintain an active license throughout sponsorship period. The number of apprentices sponsored shall not exceed ten.)

LETTER OF AGREEMENT FROM SPONSOR			
Print Full Name of Applicant (First-Middle-Last):			
Name of Sponsor (First, Middle):		(Last):	License Number of Sponsor: MAT -
ORIGINAL date of License:	Expiration date of License:	Indicate how many apprentices you supervise:	Hours per week I will supervise: <div style="text-align: right;">Hours</div>
1. I have been currently licensed in this state for at least 3 years. ....		<input type="radio"/> YES <input type="radio"/> NO	
2. I am employed by or registered with the Massage Therapy Establishment listed below. ....		<input type="radio"/> YES <input type="radio"/> NO	
3. I understand that I am allowed to supervise not more than 10 apprentices. ....		<input type="radio"/> YES <input type="radio"/> NO	
4. I agree to be responsible for the practical training of the person named on this application. ....		<input type="radio"/> YES <input type="radio"/> NO	
5. I understand that training is only allowed at the Massage Therapy Establishment listed below and not with out-call services. ....		<input type="radio"/> YES <input type="radio"/> NO	
6. I agree to provide the person named on this application a completed "Training Report" (Form MA-09) when he/she completes or terminates training with me. ....		<input type="radio"/> YES <input type="radio"/> NO	
7. I understand that I must maintain an active license throughout the sponsorship period and must be present on the premises at all times when my apprentice is training. ....		<input type="radio"/> YES <input type="radio"/> NO	
8. I understand that my apprentice must first receive a permit before beginning training. ....		<input type="radio"/> YES <input type="radio"/> NO	
Affidavit of Sponsor: I hereby certify that the statements, answers, and representations made 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 license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 452-24, Hawaii Revised Statutes). I further certify that I have read, understand, and shall obey all laws 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 Sponsoring Massage Therapist: _____			Date: _____

ACKNOWLEDGEMENT OF PRINCIPAL MASSAGE THERAPIST			
Name & Location of Massage Establishment where training will take place:		Business Phone:	Massge Establishment Lic. No.: MAE -
			Expiration Date of MAE License:
Name of Principal Massage Therapist (First-Middle-Last):		License Number of Principal Therapist: MAT -	Expiration Date of License:
1. I have read and I do understand the statutes and rules of the Massage Therapy Board. ....		<input type="radio"/> YES <input type="radio"/> NO	
2. I understand my responsibilities as a principal massage therapist which includes, but is not limited to:			
a. Ensuring that the apprentice wears a conspicuously placed name tag and the word "apprentice" with letters at least 1/3" high. ...		<input type="radio"/> YES <input type="radio"/> NO	
b. Ensuring that the apprentice is provided with a completed "Training Report" at the end of the apprentice's training program or termination. ....		<input type="radio"/> YES <input type="radio"/> NO	
c. Notifying all customers when they are to receive massage therapy from an apprentice. ....		<input type="radio"/> YES <input type="radio"/> NO	
Affidavit of Principal Massage Therapist: I hereby certify that the statements, answers, and representations made 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 license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 452-24, Hawaii Revised Statutes). I further certify that I have read, understand, and shall obey all laws 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: _____

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