

**\*\*IMPORTANT NOTICE\*\***

**LAW CHANGE (ACT 102, SLH 2021)**

On June 25, 2021, Act 102, Session Laws of Hawaii (SLH) 2021 was signed into law.

Act 102, SLH 2021 amended Hawaii Revised Statutes § 452-16 (Renewal of license; fee; **continuing education**.) to require continuing education for all Hawaii massage therapists with the biennium commencing on **July 1, 2022** and every biennial renewal thereafter.

The continuing education requirement:

- **Beginning on July 1, 2022**, requires all massage therapists to complete at least twelve (12) hours of continuing education within the 2-year period preceding the renewal date (**by June 30, 2024**), of which two (2) of those twelve (12) hours shall include first aid, cardiopulmonary resuscitation, or other emergency-related courses;
- Requires the Board to adopt rules relating to the requirements and standards that continuing education programs shall meet to obtain recognition and approval from the Board; and
- Authorizes the Board to conduct a random audit of licensees to determine compliance with the continuing education requirements during the preceding biennium. All licensees selected for audit will be provided written notice of their selection and required to respond within sixty (60) days of notification by and providing documentation verifying compliance with the continuing education requirements.

The Board of Massage Therapy is still in the process of promulgating administrative rules relating to the requirements and standards that continuing education programs shall meet to obtain recognition and approval from the Board and will be issuing a guidance document and FAQs in the near future on these requirements.

Click here to see a copy of Act 102, SLH 2021:

[https://www.capitol.hawaii.gov/session2021/bills/GM1204\\_.PDF](https://www.capitol.hawaii.gov/session2021/bills/GM1204_.PDF)

# INFORMATION/REQUIREMENTS AND INSTRUCTIONS FOR FILING AN APPLICATION FOR A MASSAGE THERAPIST LICENSE

This form can also be obtained online at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)  
You may submit a hard copy application, or apply online at [mypvl.dcca.hawaii.gov](http://mypvl.dcca.hawaii.gov)

**All applicants must meet current license requirements. The applicant has the burden of proving that he/she meets the current licensing requirements. An incomplete application will delay processing and may result in the applicant having to wait for a later exam date.**

**The following is a list of documents which must be submitted. Please be advised that credit will only be given for those courses that meet the criteria defined by the Board's laws and rules. All education and training must be completed before the Board's deadline.**

**ALL DOCUMENTS must be in English. If your documents are in a foreign language, refer to the section entitled "DOCUMENTS IN A FOREIGN LANGUAGE" for more information.**

Massage therapy means any method of treatment of the superficial soft parts of the body consisting of rubbing, stroking, tapotement, pressing, shaking, or kneading with the hands, feet, elbow, or arms.

## **Education and Training Hours**

Currently, the minimum massage therapy education and training hours required is **570 hours**. All applicants must show proof of having completed the education and training hours before being approved to sit for the State exam.

NOTICE: The requirements are subject to change at any time. Applicants must meet current licensure requirements. The Board will not waive any of the requirements and there is no "grandfather" provision.

The education and training hours shall consist of at least:

1. **50** hours of in-class coursework on human anatomy, physiology and structural kinesiology;
2. **100** hours of in-class coursework on the theory and demonstration of massage which shall include the following:
  - a. The proper procedure in massaging;
  - 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.
3. **420** hours of practical massage therapy training **either** as a student in a licensed massage school that consist of at least 420 hours of practical massage therapy training under the supervision of a teacher in a school setting **or** **420** hours of practical massage training as a massage therapist apprentice under the Board's massage therapist apprentice program consisting of a course of study for a least six months that consist of the following:
  - a. Clinical operations (70 hours: 30 hours of sanitation, 30 hours of office procedures and 10 hours of record keeping),
  - b. Advanced techniques (40 hours: 20 hours of observation of classroom instructors and 20 hours of consulting), **and**
  - c. Hands on supervised massage with record keeping (310 hours).
4. Current/unexpired cardiopulmonary resuscitation (CPR) certificate of completion for both **infant and adult** issued by the American Red Cross (ARC) or the American Heart Association (AHA). Online courses 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:** Before your new license is issued, you must show proof of a valid/unexpired CPR certificate.

The above education and training may be obtained through schools licensed by the state department of education or educational agency with similar governmental authority in another jurisdiction, the University of Hawaii or other institutions approved by the Board (i.e. AMTA, COMTA, Roling Institute).

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Education and training received outside of Hawaii: Applicants must provide proof of successful completion of practical massage therapy training at an approved school. The school, at the time of attendance, **must have been approved or licensed** by an educational agency (or similar governmental authority), an accredited degree granting institution, or approved by the AMTA, or the Rolf Institute.

**NOTE:** Apprenticeship hours gained out-of-state (to meet Hawaii's training requirement) are not acceptable.

The education and training described in 1. and 2. may be obtained through workshops approved by the Board.

The education and training described in 3. may be obtained through an apprentice training program. See the application for "Massage Apprentice Permit" for more information, which is available at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl).

## **Application**

All applicants must **submit** the following documents with the application for Massage Therapist License/Exam:

- Complete application, signed and dated;
- Non-refundable **application fee of \$50.00**. Make check payable to: COMMERCE & CONSUMER AFFAIRS (check must be in U.S. dollars and be from U.S. financial institution.)

**NOTE:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate 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 licensing fee and your license will not be valid, and you **may not** do business under that license. 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 license 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 license has been denied.*

- **Documents of completion of the education and training requirement that includes, but is not limited to:**
  1. Copy of certificate of completion or transcripts of education and training from an approved massage school. **If your transcripts indicate "credits", please have your school convert the credits to hours.**
  2. Copy of course descriptions from the time the applicant attended.
  3. Copy of school catalog and/or brochure from the time the applicant attended.
  4. Documentation that indicates massage school was licensed by the state department of education, or educational agency with similar governmental authority in another jurisdiction, the University of Hawaii or other institutions approved by the Board (i.e. AMTA, COMTA, Rolfing Institute) at the time the applicant attended and graduated. Applicants should contact the institution attended for this documentation (for example, a copy of the school license, itself, received from the state department of education or the AMTA, and etc.). If the school is unable to provide this documentation, the applicant should contact the state department of education, or AMTA, and etc., for a letter to verify licensure/approval of the school at the time the applicant attended and graduated.
  5. Certificate of completion and/or transcripts of education and training, **if** obtained from a Board approved workshop. Please make sure the Board's approval letter is submitted along with the certificate of completion and/or transcript.
  6. Completed and notarized massage apprentice training report(s), **if** you obtained an apprentice permit.
- Copy of back and front of unexpired adult and infant CPR card.  
**NOTE:** Online courses not accepted. CPR card must be valid/unexpired at the time the license is issued.
- To assist us/you in determining the coursework you wish to be applied towards the fulfillment of the education and training requirements, please complete the "Education & Training Hours Coursework" form (MA-17). Attach additional sheets as needed.

Courses that are listed on the coursework form must be found on the school transcripts or course certificates. All courses listed must be accompanied by a course description and a copy of your school catalog and/or brochure.

Please ensure that all course descriptions and school or certificate approval documentation match the dates of your training.

## **Documents in a Foreign Language**

ALL DOCUMENTS must be in English. Documents that are in a foreign language must be translated in English. 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. **Attach** the translation and the affidavit.

**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 swear 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."

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## **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).

## **Instructions for "YES" Answers to questions 5 through 7 of the Application for License (MA-01)**

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
1. Questions 5 and 6 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" below, AND you must **submit** the following:
    - i. A statement signed by you explaining the circumstances (include the specific jurisdiction where action took place, penalty imposed and reasons for such action);
    - 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" below, 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 court documents (i.e. indictments, judgments, guilty pleas, verdict, and terms of sentence); if applicable, proof of payment of fines and/or proof of fulfillment of conditions of each sentence; and
    - iii. 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/hcjdc](http://ag.hawaii.gov/hcjdc) to request a "Criminal History Record Check" form;
    - iv. 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.
- B. If you answered "yes" to questions 5, 6, and/or 7, your application will be reviewed at a Board of Massage 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.

## **Examination**

Upon completion of the education and training requirements, the applicant shall submit an application to sit for the Hawaii Massage Licensing Exam. If the Board determines that you meet the education and training requirements, you will receive notice of exam approval.

For examination information, including registration, exam locations, and Candidate Information Bulletins, please visit PSI Services, LLC website <https://test-takers.psiexams.com/hitrade/>. For telephone registration, please call (833) 333-4754.

The locations available for the exam out-of-state are solely up to PSI Services, LLC.

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## **Examination (cont'd)**

If you require special testing arrangements due to a disability, PSI Services, LLC will handle Americans with Disabilities Act ("ADA") accommodation requests.

Those with passing scores become eligible for licensure upon payment of the appropriate fees. Re-exam candidates deal directly with the testing agency. Please read "Abandonment of Application" section below.

## **Additional License Requirements**

Age of Majority and U.S. Citizen - In addition to the education and examination requirements, an applicant shall be beyond the age of majority (18 years of age) and a United States citizen, a United States national or an alien authorized to work in the United States. If you are not a citizen or national of the United States or alien authorized to work in the United States, you may sit for the exam, however, you may not be issued a license to practice.

## **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	OR 335 Merchant Street, 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 Molokai: 1-800-468-4644 ext. 6-3000 Lanai: 1-800-468-4644 ext. 6-3000

## **Abandonment of Application**

Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

## **Biennial Renewal**

All licenses, regardless of issuance date, **expire on June 30 of each even numbered year**. The licensee is held responsible to keep his/her license current and to inform the Board, in writing, of any address changes. If you let your license lapse for longer than one year, you must file a new application and meet the requirements that are in effect at the time of filing. However, upon written request and subject to Board approval, the written examination may be waived. Attach any documentation indicating that you possess current knowledge and skills for the practice of massage therapy (i.e. copy of current license from another state or jurisdiction, information for training/courses taken since license expiration including certificates/transcripts, curriculum, name and address of course sponsor and all information pertaining to the course sponsor's credentials).

## **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, Hawaii 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, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on [Release of Information to Third Party](#), sign, and date it.

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 EXAM & LICENSE - MASSAGE THERAPIST**

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

Type, using on-line fillable form or print legibly in **black ink**. Failure to provide all the requested information will delay the processing of your application.

Legal Name (First, Middle)		(Last)
Residence Address (include apt. no., city, state & zip code) - <b>REQUIRED</b>		
Mailing Address ( <b>ONLY</b> if different than residence address)		
Other Names Used (include maiden name)		Social Security Number
Email Address:		

Date Effective	License No. <b>MAT -</b>
Approved: <input type="checkbox"/> Initials/Date: _____	
<input type="checkbox"/> CPR exp. date: _____	
<input type="checkbox"/> 570 hours training <input type="checkbox"/> School Approval	
<input type="checkbox"/> Requesting to sit exam out-of-state	
<b>FOR OFFICE USE ONLY</b>	
Phone No. (days)	Date of Birth

**MESSAGE TRAINING:** Identify your message training, as accurately as possible:

Massage School  Apprenticeship in Hawaii

Name of School: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(Attach proof that training was approved and course descriptions.)

Answer all questions. If any response to questions 5 to 7 is "YES", refer to the instructions for additional documents that must be submitted with this application.

- 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 ever held or applied for a massage therapist or apprentice permit in Hawaii? .....  YES  NO  
If answer is "YES", License/Permit No.: \_\_\_\_\_ Issuance Date: \_\_\_\_\_
- 4) Do you hold a current Adult and Infant CPR training card from the American Red Cross or American Heart Association?  YES  NO
- 5) Was any license ever revoked, suspended or otherwise subject to disciplinary action? .....  YES  NO
- 6) Are you presently being investigated or is any disciplinary action pending against you? .....  YES  NO
- 7) 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 license and is a misdemeanor (*Sections 710-1017, 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 licensing 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

Appl.....	295.....	\$50	Lic.....	298.....	\$32
			CRF.....	299.....	\$50/\$100
			1/2 Renewal .....	290.....	\$32
			Service Charge .....	BCF.....	\$25