

AFFIDAVIT OF SELF-CERTIFICATION OF EDUCATION HOURS

I, the undersigned Declarant, being competent to make this statement, submit this affidavit in connection with a review of my massage therapy education hours. I understand that this affidavit may be used by the Texas Department of Licensing and Regulation (TDLR) as part of an investigation or compliance determination regarding my completion of required instructional hours.

School Closure and Enrollment

I was enrolled as a student at _____ (name of school), an institution that ceased operations as a result of the issuance of an Emergency Order. Prior to the school's closure, I participated in instructional activities required for massage therapy education.

Certification of Completed Hours

I hereby certify the following:

I completed a total of _____ (number) hours of massage therapy education, including coursework, practical instruction, and any applicable training. My hours by required topic are:

Massage Therapy Study Topic	Hours Completed
Swedish Massage Therapy Techniques	
Massage therapy techniques, theory, and manipulation	
Anatomy	
Physiology	
Kinesiology	
Pathology	
Hydrotherapy	
Health, hygiene, first aid, universal precautions, and CPR	
50-hour Internship Program	
Massage therapy laws, rules, business practices, and professional ethics	

I have reviewed the transcript or hour summary provided to me, and I affirm that the information contained in that document is true, correct, and accurately reflects the hours I personally completed.

- I completed a total of _____ (number) hours of massage therapy instruction and a total of _____ (number) hours of massage therapy internship while I was physically present at the school campus, located in Texas.
- I understand that this affidavit is being submitted as part of an official review, and that any false, misleading, or incomplete information may affect the Department's determination regarding my eligibility for credit of hours earned.

Declaration

My name is _____ (first) _____ (middle)
_____ (last), my date of birth is _____ (month)
____ (day), _____ (year), and my address is _____ (street)
number & name), _____ (city), _____ (state), _____
(county). I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ (county), State of _____, on the _____ day of
_____ (month), _____ (year).

Printed Name

Signature of Declarant