TEXAS DEPARTMENT OF LICENSING & REGULATION
Anti-Human Trafficking Division • PO Box 12157 • Austin, Texas 78711 • (512) 539-5602
www.tdlr.texas.gov

VERIFICATION OF EDUCATION HOURS REQUIRED PROCESS

The Texas Department of Licensing and Regulation (TDLR) has issued an order closing the school you attended due to serious violations, which may include fraud, falsified records, or actions that compromised the licensure examination process.

Education hours reported by the school will not be credited toward licensure unless you provide independent, verifiable evidence that you personally completed the required training. This requirement applies to all former and current students.

You must complete and submit the VOEH Questionnaire below and submit appropriate supporting documentation before TDLR can begin its review.

Complete all sections as accurately as possible. If you do not remember a detail, indicate that rather than guessing. Before submitting, review your answers for completeness, accuracy, and consistency.

Review may take several weeks. Questions may be directed to TDLR's Education & Examination or Anti-Human Trafficking Divisions at student.response@tdlr.texas.gov.

SUBMISSION INSTRUCTIONS

Email your completed VOEH Questionnaire and supporting documents to student.response@tdlr.texas.gov.

- Submit all documents in one email, one time only.
- Keep copies of your questionnaire and attachments. Documents will not be returned.
- You will receive an automatic receipt confirmation. This does not mean your submission is complete or your hours are approved.
- Missing information may delay processing.
- False or misleading information may result in no education hours being verified.
- Attach additional pages if needed for additional details.

EXAMPLES OF SUPPORTING DOCUMENTATION

Submit any available documents that help verify your education and training. Examples include, but are not limited to:

- **Travel:** Flight, rental car, ride-share, gas, or other receipts showing travel to and from the area.
- **Course attendance:** Class photos, notes, online classroom login records, payment receipts, transcripts, or a detailed description of the course and classroom environment.
- **Internship participation:** Consultation records, statements from others, photos or videos, internship logs, advertisements used to obtain customers, or a description of the massage techniques, program structure, and how customers were obtained.
- **Living accommodations:** Utility bills, hotel receipts, leases, identification showing your address, statements from roommates or landlords, photos, or a description of the housing, other occupants, and whether the school arranged it.
- **Employment:** Pay stubs, bank statements showing deposits, other statements verifying employment.

You may submit other documentation that supports your account of the education and training you completed.

VERIFICATION OF EDUCATION HOURS QUESTIONNAIRE

Please complete all sections. Print or type clearly. Attach additional sheets where indicated.

A. IDENTIFICATION INFORMATION

1. Student Name

   _____ _____ _____
   First Middle Last

2. License Information

   Massage Student Permit or Massage Therapist License number: _____

3. Date of Birth

   Month: _____ Day: _____ Year: _____

4. Social Security Number (SSN)

   SSN: _____

B. CONTACT INFORMATION

5. Residential Address

   Street Address: _____

   City: _____ State: _____ ZIP Code: _____

6. Mailing Address

   Street Address: _____

   City: _____ State: _____ ZIP Code: _____

7. Your Personal Phone Number:

   (____) _____ – _____

8. Personal Email Address:

   _____

C. SCHOOL DETAILS

9. Name and Address of School

   School Name: _____

   Street Address: _____ City: _____

10. How many hours of massage therapy education did you complete at this school? _____

11. Did you have a separate job or earn income while in school? ◯ Yes ◯ No

    If yes, provide details about your job such as the type of job, what days of the week and what hours of the day did you work?

12. Did you work at a massage establishment while attending school? ◯ Yes ◯ No

    If yes, provide the name and address of the business(es):

13. The hours I completed by required topic are:

Massage Therapy Study Topic	Total Hours Completed	Hours Completed In-Person at the School in Texas	Hours Completed Off-Campus/Remotely
Massage therapy techniques, theory, and manipulation			
Swedish Massage Therapy Techniques			
Anatomy			
Physiology			
Kinesiology			
Pathology			
Hydrotherapy			
Massage therapy laws, rules, business practices, and professional ethics			
Health, hygiene, first aid, universal precautions, and CPR			
50-hour Internship Program			

D. DISTANCE LEARNING EDUCATION DETAILS

14. Dates you attended off-campus or virtual education as part of distance learning:
    Start Date (MM/DD/YYYY): _____ End Date (MM/DD/YYYY): _____

15. Full name(s) of the instructors who taught your distance learning portion of your courses:

16. Where did you reside while taking distance learning courses:
    Street Address: _____
    City: _____ State: _____ ZIP Code: _____

17. Details about the distance learning you completed, such as the type of format (virtual, live instruction, video instruction, at your own pace), what you learned, other students in the course with you, the time of day you took these courses, or other details you remember from when you attended these courses:

VERIFICATION OF EDUCATION HOURS QUESTIONNAIRE

Please complete all sections. Print or type clearly. Attach additional sheets where indicated.

E. IN PERSON EDUCATION DETAILS

18. Dates you attended in-person, on-campus education hours:
    Start Date (MM/DD/YYYY): _____ End Date (MM/DD/YYYY): _____
19. Full name(s) of the instructors who taught your in-person portion of your courses:
    _____
20. Where did you reside while taking in-person courses on campus:
    Street Address: _____
    City: _____ State: _____ ZIP Code: _____
21. What is the name and contact of the person who arranged your living accommodations for this period?
    Name: _____ Phone: (_____) _____ - _____
22. How long did you stay at this address above? _____
23. How did you learn about the option to stay at this place?
24. Did the place belong to the school's owner or employees, or someone they knew? ◯ Yes ◯ No
25. Did you have to travel to this city from another state or city more than 30 miles away? ◯ Yes ◯ No
    If yes, did you travel by plane? ◯ Yes ◯ No If yes, did you travel by car? ◯ Yes ◯ No
26. When did you travel to Texas? Arrival Date: _____ Departure date: _____
27. How did you travel around while in Texas? Specifically, how did you get to and from the school, to get groceries, or to get necessary items:
28. Details about the in-person on campus learning you completed, such as the type of format (virtual, live instruction, video instruction, at your own pace), what you learned, other students in the course with you, the time of day you took these courses, or other details you remember from when you attended these courses:

F. INTERNSHIP PROGRAM DETAILS

29. Dates you started and completed your internship program hours:
    Start Date (MM/DD/YYYY): _____ End Date (MM/DD/YYYY): _____
30. Full name(s) of the instructors who supervised you during you during your internship program:

VERIFICATION OF EDUCATION HOURS QUESTIONNAIRE

Please complete all sections. Print or type clearly. Attach additional sheets where indicated.

31. Where did you reside while completing your internship program:
    Street Address: _____
    City: _____ State: _____ ZIP Code: _____
32. How did you complete your internship program? ☐ in-person ☐ online ☐ other
33. Where was the internship program completed at? ☐ school campus ☐ massage business ☐ other
34. What days of the week did you participate in the internship program?
    _____
35. What hours of the day did you participate in the internship? Start: _____ End: _____
36. Approximately how many massages did you perform during your internship program? _____
37. What kind of massages did you perform?
    _____
38. Who did you perform massages on? ☐ other students ☐ school staff ☐ public customers
39. Who received compensation for the massage? ☐ student (You) ☐ school ☐ massage was free
40. Did you complete consultation documents for each massage? ◯ Yes ◯ No ◯ Unsure
41. Details about the internship program you completed, including whether the program was completed in a regular classroom or a special location with a massage table and privacy for clients, or other details you can remember about the program:

G. OTHER DETAILS

42. Describe your future plans regarding returning to a new school, obtaining a massage therapist license, or working in the massage industry:
43. Name and address of massage establishments/businesses that you have worked at in the past 5 years:

Business Name	Street Address	City/State

VERIFICATION OF EDUCATION HOURS QUESTIONNAIRE

Please complete all sections. Print or type clearly. Attach additional sheets where indicated.

44. List all other state(s) and license(s) for massage therapy that you have:

H. CONSENT AND CERTIFICATION

45. **Consent to Share Information**

By submitting this questionnaire, I authorize the Texas Department of Licensing and Regulation (TDLR) to share information provided in this questionnaire, as well as any subsequent determination or correspondence related to the questionnaire, with other state or federal regulatory or licensing authorities and the Federation of State Massage Therapy Boards (FSMTB), as TDLR determines necessary or appropriate for licensing, regulatory, compliance, or enforcement purposes. I understand that this information may be used by these entities in connection with the review, verification, or determination of my eligibility for licensure or continued licensure.

I understand that providing false, incomplete, or misleading information may affect my eligibility for licensure or continued licensure and may result in additional regulatory or enforcement action.

46. **CERTIFICATION**

By signing below, I affirm that I am the applicant completing this form and understand that failure to provide full and accurate information may delay or deny the issuance or release of hours. I understand that this document is submitted as part of an official review and any false, misleading, or incomplete information may affect the Department's determination regarding my eligibility of credit of hours earned.

My name is First Name Middle Name Last Name, my date of birth is Month Day, Year, and my address is Street Address, City, State, Zip Code, County, Country.

I declare under penalty of perjury that the foregoing information provided in this document is true and correct.

Executed in City, State of _____, on the Day day of Month, Year.

_____

Printed Name

_____

Signature of Declarant

EMAIL TO:

Student.Response@tdlr.texas.gov