



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MESSAGE SCHOOL DISTANCE EDUCATION REQUEST FOR APPROVAL INSTRUCTIONS

Each entity requesting approval for Massage School Distance education shall provide this form in compliance with Occupations Code, Chapter 51 and 455. Distance learning hours are limited to 250-hours of required topics defined in 455.156(c) and must meet the requirements for schools offering distance learning as defined in 16 TAC 117.59(m). This form must be completed and signed by the requester(s).

1. Name of School – Enter the assumed, legal or DBA name of the school.
2. School License Number – Schools must have a current license.
3. Distance Education Information – Please provide the following information (attach additional pages if necessary):
 - Indicate how the course will be offered, Synchronous and/or Asynchronous
 - Learning Management System – provide the name of the Learning Management system being used to offer the course through distance learning instead of in-person classes at the school facility.
 - Provide the resources and capacity to support distance learning. Demonstrate how you will prove the student enrolled is the one participating and receiving credit for the course.
 - Provide the method or tool used to ensure measurable participation and accrual of hours for each student's attendance in classes offered through distance learning.
4. Certification Statement – This form must be signed by the owner, officer or authorized representative of the school.

This form and attachments may be submitted [via web form here](#).

For additional information and questions, please visit the [TDLR website](#) or contact the [Education and Examination Division via web form](#) where you can submit your request for assistance and include attachments as needed. Customer Service can also be reached at (800)803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).



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1. Name of School: _____

2. School License Number: _____

3. Distance Education Information:

How will the course be offered? (check all that apply)

Synchronous (live instruction)

Asynchronous (no set class time)

Learning Management System: _____

Provide the resources and capacity to support distance learning.

Demonstrate how you will prove the student enrolled is the one participating and receiving credit for the course.

Provide the method or tool used to ensure measurable participation and accrual of hours for each student's attendance in classes offered through distance learning.

4. CERTIFICATION STATEMENT

By signing this request form, I certify all information submitted on this and attached forms is true and accurate. I certify that I will comply with all applicable provisions of the Texas Occupation Code, Chapters 51 and 455; Texas Administrative Code, Title 16 Chapter 55 and the Massage Therapy Administrative Rules, Texas Administrative Code, Title 16 Chapter 117. I understand that providing false information on this application may result in revocation of the privilege I am requesting and the possible imposition of administrative penalties.

Printed Name of Owner, Officer, or Authorized Representative

Signature of Owner, Officer, or Authorized Representative

Date Signed