



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157  
education@tdlr.texas.gov • www.tdlr.texas.gov

## MESSAGE THERAPIST CONTINUING EDUCATION PROVIDER APPLICATION INSTRUCTIONS

DOCUMENTS SUBMITTED WITH YOUR APPLICATION WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR NON-REFUNDABLE CHECK OR MONEY ORDER. PROVIDERS MAY NOT ENROLL STUDENTS UNTIL THE INSPECTION HAS BEEN PASSED AND THE LICENSE HAS BEEN RECEIVED.

**FÈ PROVIDER NAME** – Provide the legal name of the provider which must be used in all advertisements.

**GÈ PROVIDER TYPE** – Indicate Individual or Business.

**HÈ FEDERAL ID or SOCIAL SECURITY NUMBER** – Information regarding the Federal/Employer ID# may be obtained through this website: [www.irs.gov/business](http://www.irs.gov/business)

**I È PROVIDER MAILING ADDRESS** – Provide the current mailing address. This is the address where all mail will be sent. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently. Enter the business phone number, fax number (optional), email address and website address. This is the address the Department will mail all correspondence, a post office box is acceptable. NOTE: When you provide your email address you agree to the following Email Disclosure Statement: “By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as per-mitted or required by law.”

**Í È OWNER NAME** – Provide the owner’s name.

**Ï È OWNER MAILING ADDRESS** – Provide the current mailing address. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently. Enter the business phone number, fax number (optional), email address and website address. NOTE: When you provide your email address you agree to the following Email Disclosure Statement: “By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address or I will not receive these notices. I understand that the email address I have provided in this application will remain confidential except as per-mitted or required by law.”

**Ï È LICENSE INFORMATION** – Provide the Massage Therapist and Instructors license numbers and expiration dates.

**ì È CRIMINAL HISTORY** – Indicate if you have ever been convicted of or placed on deferred adjudication for any Misdemeanor or Felony, other than a minor traffic violation. If YES, complete and attach a Criminal History Questionnaire for each offense. This form can be obtained from the TDLR website at [www.tdlr.texas.gov/MISC/lic002.pdf](http://www.tdlr.texas.gov/MISC/lic002.pdf).  
If you are worried your criminal history could prevent you from getting this license, Texas allows you to have your criminal history evaluated before submitting your application and non-refundable fees. To request a criminal history evaluation, submit a Criminal History Evaluation Letter, a completed Criminal History Questionnaire form for each crime you were convicted of or placed on deferred adjudication for and a \$25 fee. You can find more information on the process and download the necessary forms on the TDLR website at [www.tdlr.texas.gov/crimHistoryEval.htm](http://www.tdlr.texas.gov/crimHistoryEval.htm).

To be eligible for licensing, you must successfully pass a criminal history background check.

9. **CERTIFYING STATEMENT** – Carefully read the statement before dating and signing your application. The application must be signed by the owner and/or officer.

Acceptable continuing education shall directly relate to the theory or clinical application of theory pertaining to the practice massage therapy and the manipulation of soft tissue, massage therapy laws and rules, business practices, professional ethics, anatomy, physiology, hydrotherapy, kinesiology, pathology, or health and hygiene; or first aid and/or CPR, not to exceed six hours total each renewal period; or advanced massage therapy or bodywork techniques acceptable to the department; and designed to increase and enhance professional knowledge, skills, or competence in the practice of massage therapy.

**Required Documentation:**

Provide a brief description of your capability in development and instruction of continuing education courses along with a business plan with clearly defined purposes such as policies on inclement weather, cancellations, etc.

**APPLICATION INFORMATION FOR MILITARY SERVICE MEMBERS, MILITARY VETERANS AND MILITARY SPOUSES**

The Texas Department of Licensing and Regulation recognizes the contributions of our active duty military service members, their spouses, and veterans. If you want to use one of the licensing options available to military service members, military veterans and military spouses, please complete the Military Service Member, Military Veteran or Military Spouse Supplemental Application (TDLR form MIL001) and attach it with your license application. The form is located on the TDLR website at <http://www.tdlr.texas.gov/misc/militarysupplemental.pdf>.

If you have additional questions about qualifications, training or experience requirements relating to occupation licensing for military service members, military veterans or military spouses please go to the TDLR Military Information web page at <http://www.tdlr.texas.gov/military.htm>.



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## MESSAGE THERAPIST CONTINUING EDUCATION PROVIDER APPLICATION

DO NOT WRITE ABOVE THIS LINE

1. Provider Name: \_\_\_\_\_

2. Provider Type:  Individual  Business

3. Federal ID and/or Social Security Number: \_\_\_\_\_

4. Provider Mailing Address:

\_\_\_\_\_  
Number, Street Name, Apartment Number, City, State, Zip code

_____ Phone Number	_____ Fax Number	_____ Email Address	_____ Website Address
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5. Owner Name: \_\_\_\_\_

Last, First, Middle, Suffix: (Jr, Sr, III)

6. Owner Mailing Address:

\_\_\_\_\_  
Number, Street Name, Apartment Number, City, State, Zip Code

_____ Phone Number	_____ Fax Number	_____ Email Address
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7. Licensee Information:

Message Therapist License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Message Therapist Instructor Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

8. Criminal History

Have any of the owners ever been convicted of, or placed on deferred

adjudication for, any misdemeanor or felony, other than a minor traffic violation?  No  Yes

**If Yes, the individual needs to complete and submit a Criminal History Questionnaire (CHQ) for each offense**

**See instruction sheet for more information**

9. Certifying Statement

I certify that I have read and will comply with all applicable laws and rules of the Massage Therapy Program including Texas Occupations Code, Chapters 51 and 455; and administrative rules under 16 Texas Administrative Code, Chapters 60 and 117. I understand that providing false information on this application may result in denial of this application and/or revocation of the license I am requesting and the imposition of administrative penalties.

\_\_\_\_\_  
Signature of Owner, Officer

\_\_\_\_\_  
Date