

IMPORTANT ANNOUNCEMENT

Effective June 1, 2008, the use of interpreters **will not** be allowed for the Hawaii Massage Exam. The use of a reader for the Hawaii Massage Exam will only be permitted for those individuals who fall under the Americans with Disabilities Act.

The use of electronic or book translation dictionaries is not allowed.

INFORMATION/REQUIREMENTS AND INSTRUCTIONS – MESSAGE THERAPIST LICENSE

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

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 deadline.

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 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:

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 training **either** as a student in a licensed massage school that consist of at least 420 hours of practical massage training under the supervision of a teacher in a school setting **or** massage apprentice under the Board's massage apprentice program consisting of a course of study for at least six months that consist of the following:
 1. Clinical operations (70 hours: 30 hours of sanitation, 30 hours of office procedures and 10 hours of record keeping)
 2. Advanced techniques (40 hours: 20 hours of observation of classroom-instructors and 20 hours of consulting) and
 3. Hands on supervised massage with record keeping (310 hours).
4. Current cardiopulmonary resuscitation (CPR) certificate of completion for both **infant and adult** issued by the American Red Cross (ARC) or the American Heart Association (AHA). 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.

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).

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: www.hawaii.gov/dcca/areas/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
- **Documentation 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 a massage school. **If your transcripts indicate "credits", please have your school convert the credits to hours.**
 2. Copy of course description.
 3. Copy of school catalog and or brochure.
 4. Documentation that indicates massage school is 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). 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 or transcripts of education and training, **if** obtained from a Board approved workshop. Please make sure the Board's approval letter is submitted with the certificate of completion or transcript.
 6. Completed and notarized massage apprentice training report, **if** you obtained an apprentice permit.
- Copy of back and front of unexpired adult and infant CPR card.
- Request to Use Interpreter form for the massage exam, if applicable.

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.

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"):

§576D-13(j), HRS requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4) HRS 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 and 6 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 5a and 5b 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); and
 - 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 the court order, verdict, and terms of sentence; and
 - iii. 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;
 - iv. 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, RM. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: www.hawaii.gov/hcjdc to request a "Criminal History Record Check" form.

B. If you answered "yes" to questions 5 and/or 6 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 State Massage Licensing Exam. Please refer to the **Massage Therapy Examination Dates** for a schedule of deadlines for submission of applications and registration for the exam. Schedule available at: www.hawaii.gov/dcca/areas/pvl/massage/application_exam.

If you require the use of an interpreter/reader for the exam, you must submit the **Request to Use Interpreter** form with your application for massage license/exam. Board approval is required for the use of all interpreters/readers for the massage therapy exam. Forms are available at: www.hawaii.gov/dcca/pvl/areas_message.html.

If you require special testing arrangements due to a disability, call Thomson Prometric at (808) 261-8182 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided. No action will be taken to provide special testing arrangements until your exam application has been approved.

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 year 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 or deliver all required items to:

Board of Massage Therapy DCCA, PVL Licensing Branch or P.O. Box 3469 Honolulu, HI 96801	Deliver to Office Location: 335 Merchant St., Room 301 Honolulu, HI 96813 Phone: (808) 586-3000	Toll free voice access numbers for the neighbor islands: 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
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Abandonment of Application

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect 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.

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: www.hawaii.gov/dcca/areas/pvl. Click on "Massage Therapy".

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.

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
 BOARD OF MESSAGE THERAPY
 P.O. Box 3469
 Honolulu, Hawaii 96801

APPLICATION FOR EXAM & LICENSE - MASSAGE THERAPIST

Type 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) - REQUIRED	
Mailing Address (ONLY if other than residence address)	
Social Security No.	Phone No. (days)
Other Names Used (include maiden name):	Applying for Exam on:

FOR OFFICE USE ONLY

Date Effective	License No. MAT -	
Approved	Ineligible	Initials/Date

Circle answers. If any response to questions 5 and 6 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 "yes", License/Permit Number _____
 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
 - If "yes", have you attached a copy of the front and back of your card?YES NO
 - If "no", provide the reason: _____.
- 5a) Was any license ever revoked, suspended or otherwise subject to disciplinary action?YES NO
- b. Are you presently being investigated or is any disciplinary action pending against you?YES NO
- 6) In the past 20 years have you ever been convicted of a crime in which the conviction 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 (*Section 710-1017, Section 436B-19 and Section 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.

_____ Date

_____ Signature of Applicant

Appln	295	\$50	Lic	298	\$25
			CRF	299	\$35/70
			½ Renewal	290	\$25
			Service Charge	BCF	\$25

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TRAINING REPORT - MASSAGE THERAPIST APPRENTICE

FOR COMPLETION BY THE APPRENTICE'S PRINCIPAL MASSAGE THERAPIST AND SPONSORING MASSAGE THERAPIST. *If it is the same person, complete both affidavits. Principal and Sponsoring Massage Therapists must be licensed throughout apprenticeship period. EVERY BLOCK ON TRAINING REPORT MUST BE COMPLETED.*

Full Name of Apprentice (First, Middle)		(Last)	
Apprentice Permit No.	Effective date of permit	Date applicant completed training described below	TOTAL TRAINING TIME: (Must be at least 6 months) mos.
Describe course of study; refer to Hawaii Administrative Rules, §16-84-23(j)(1)(2)(3); List massage therapy techniques taught:			Hours spent in this area:
TOTAL HOURS:			
SPONSORING MASSAGE THERAPIST	Name of Sponsoring Massage Therapist (First-MI-Last)	License No.	Expiration Date of License:
	<p>Affidavit of Sponsoring Massage Therapist: I hereby certify that the answers and statements contained 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 permit (Sections 436B-19 and 452-24, Hawaii Revised Statutes), and is a misdemeanor (<i>Sec. 710-1017, Hawaii Revised Statutes</i>). I further certify that I have read, understand, and shall obey all laws and rules pertaining to the Board of Massage Therapy.</p> <p>Subscribed and sworn to before me the _____ day of _____, 20____</p> <p style="text-align: right;">_____ Signature of Sponsoring Therapist</p> <p>Notary Public, State of _____ My commission expires: _____</p>		
PRINCIPAL MASSAGE THERAPIST	Name of Principal Massage Therapist (First-MI-Last)	License No.	Expiration Date of License
	<p>Affidavit of Principal Massage Therapist: I hereby certify that the answers and statements contained 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 permit (Sections 436B-19 and 452-24, Hawaii Revised Statutes), and is a misdemeanor (<i>Sec. 710-1017, Hawaii Revised Statutes</i>). I further certify that I have read, understand, and shall obey all laws and rules pertaining to the Board of Massage Therapy.</p> <p>Subscribed and sworn to before me the _____ day of _____, 20____</p> <p style="text-align: right;">_____ Signature of Principal Therapist</p> <p>Notary Public, State of _____ My commission expires: _____</p>		