CALIFORNIA MASSAGE THERAPY COUNCIL
Application for Massage Program Re-Approval

Ver. 12.1.18

Office Use Only

APPLICATION for MASSAGE PROGRAM RE-APPROVAL

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APPLICATION for MASSAGE PROGRAM RE-APPROVAL INSTRUCTIONS

The purpose of the re-approval application process is to ensure that all approved programs continue to meet the minimum standards for training and curriculum required for CAMTC Certification. The mission is therefore two-fold:

1. Review all previously unsubmitted changes that may have occurred since the previous approval process, and
2. Verify that the approved program(s) continue to operate in the same manner and, at minimum, the same quality as when initially approved.

To simplify the process for programs with no or few changes, schools may not have to submit all parts of the application. Carefully read ALL instructions for what portions of the re-approval application are required for your massage program(s). CAMTC reserves the right to request additional information.

- The application and all supporting documentation shall be submitted in electronic pdf format on a flash drive. Each document shall be a separate, appropriately labeled pdf file with all files neatly organized.
- Hard (paper) copies of the application and supporting documentation are no longer required and should not be submitted.

In accordance with CAMTC's Policies and Procedures for Approval of Schools, please make sure you have included the following with your application packet:

1. **Application for Massage Program Re-Approval** in pdf format on a flash drive as described above
    - Include all supporting documentation.
    - Documents requiring a signature must be personally hand-signed in ink.
2. **Payment**
    - **Non-refundable application fee** of $3,000.00 good for 4 years of approval, if approved. This fee will not be refunded if your school/program(s) is/are denied approval, disciplined, or otherwise acted against by CAMTC. (Separate fee for each main campus or branch applying.), **PLUS**
    - **Non-refundable background check fee** of $82 for every background check required.
    - **Submit check or money order** OR request a credit card authorization form
3. **Mail Application Packet to**:

California Massage Therapy Council
ATTN: School Approval
One Capitol Mall, Suite 800
Sacramento, CA 95814

CALIFORNIA MASSAGE THERAPY COUNCIL
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This Application is only for CAMTC approved massage programs applying for re-approval or changes to approval.

- The application and all accompanying materials shall be submitted in a three-ring binder, appropriately labeled and organized.
- The binder shall be accompanied by copies of the application and all accompanying materials in electronic pdf format on a flash drive with matching file names and organization.

1. I (We) understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of your school's application, disciplinary action, revocation of your school's approval, or additional processing fees.
2. I (We) have read the most current Policies and Procedures for Approval of Schools located at www.camtc.org/schools/school-owneradministrator/ before continuing the application process.

SECTION A: SCHOOL INFORMATION

3. School Name		4. Previous School Name (if any)		
5. School Telephone Number	6. CAMTC School Code	7. School Website Address		
8. School Physical Address		City	CA	Zip Code
9. Mailing Address (if different from school address)		City	CA	Zip Code
10. Satellite Location Address (if any; add additional pages if needed)		City	CA	Zip Code
11. Previous Address (if any)		City	CA	Zip Code
12. Massage Director/Administrator Name & Job Title	Telephone Number	Email		
13. Application Contact Name & Job Title	Contact Telephone Number	Contact Email		

SECTION B: PROGRAM ELIGIBILITY For this section, please check "YES" for all of the statements with which you agree.

14. The school and massage program(s) applying for approval are approved and/or accredited by at least one agency identified in California Business and Professions Code section 4601(a). (If you answered "NO," then please provide a written statement and supporting documentation explaining your "NO" answer.)	☐ Yes ☐ No

15. Please list ALL approval and/or accrediting agencies below, adding additional pages if needed:

Approval/Accrediting Agency	School Code Number	Expiration Date

16. The school and massage program operating under this name and approval/accreditation number(s) listed above are not now nor have they ever been denied CAMTC school approval, disciplined by CAMTC, or un-approved by CAMTC. (If you answered "NO," then please provide a written statement and supporting documentation explaining your "NO" answer, including the dates and times of denial, discipline, or un-approval and if/when it was resolved.)	☐ Yes ☐ No
17. No person who owns, operates, administers, instructs at, or has any relationship with the school currently or in the past has owned, operated, administered, instructed at, or currently has or has had in the past any relationship with, association with, or has owned, operated, administered, or instructed at another school that is or has been denied CAMTC approval, has been disciplined by CAMTC, or has been un-approved by CAMTC. (If you answered "NO," then please provide a written statement and supporting documentation explaining your "NO" answer, including the dates and times, and individuals associated with a denied, disciplined, or un-approved school.)	☐ Yes ☐ No

18. The address(es) associated with this school are not now and have not ever been associated with a school that is or has been denied CAMTC approval, disciplined by CAMTC, or un-approved by CAMTC. (If you answered "NO," then please provide a written statement and supporting documentation explaining your "NO" answer.)	☐ Yes ☐ No
19. The massage program(s) applying for CAMTC approval is clearly identified as a professional massage program that grants students a certificate, diploma, or degree in massage. (Other professional education programs that include massage as a component of their programs are not eligible.)	☐ Yes ☐ No
20. The massage program(s) applying for CAMTC approval provides an organized plan of study of massage and related subjects for a minimum of 500 supervised clock hours (or credit unit equivalent) containing, at minimum, 64 hours of anatomy and physiology; 13 hours of contraindications; 5 hours of health and hygiene; and 18 hours of business and ethics. The massage program(s) also incorporates appropriate school assessment of student knowledge and skills. CAMTC does not accept online or distance learning hours, including but not limited to, externships, homework, and self-study or credits through challenge examinations, achievement tests, or experiential learning.	☐ Yes ☐ No

21. List all massage programs that meet ALL of the requirements for CAMTC approval and for which you are seeking approval:

Massage Program Name	Total Number of Program Hours
Program #1:	
Program #2:	

Do you have more than two eligible massage programs applying for approval? (If you answered "YES," then please provide Massage Program Name(s) and Total Number of Program Hours for each program on additional pages.)	☐ Yes ☐ No

SECTION C: ABOUT THE SCHOOL

22. **NUMBER OF GRADUATES.** Please list the TOTAL number of graduates from ALL massage programs for which you are seeking approval. Do not include continuing education classes or other programs. Put "0" if the program is new or had no graduates.

Graduates for **2018** Calendar Year:		Graduates for **2017** Calendar Year:		Graduates for **2016** Calendar Year:	

23. **TYPE OF BUSINESS ORGANIZATION.** Please check the relevant designation(s).

☐ Individual/Sole Proprietorship ☐ Married Couple ☐ Partnership

☐ For Profit Corporation ☐ Non-Profit Corporation ☐ Limited Liability Corporation ☐ Public Institution

24. **RELATED SCHOOLS.** If this school or campus shares its name, address, or ownership with another school(s), please list, adding additional pages if needed (NOTE: each campus applying for CAMTC approval must submit a separate application):

25. **OTHER PROGRAM(S).** If this school offers educational program(s) other than massage, please list all other programs offered, adding additional pages if needed:

SECTION D: APPLICATION REQUIREMENTS

To simplify the process for programs with no changes, schools may not have to submit all parts of the application. Carefully read below for which portions of the re-approval application are required for your massage program(s). ***Initial the box indicating that your school has included the required application documentation or that your school has not experienced a particular change and additional documentation is not required.***

I Understand that ALL Programs applying for re-approval MUST provide:

26. **Completed and Signed Application for Massage Program Re-Approval**	Initial:
27. **Non-refundable application fee** good for 4 years of approval, if approved. I understand that this fee will not be refunded if my school/program(s) is/are denied approval, disciplined, or otherwise acted against by CAMTC. (Separate fee for each campus or branch applying.)	Initial:
28. **I understand that there is a non-refundable background check fee** for every background check required (All owners, full and part-time employees, independent contractors, volunteers, and any other individuals who participate in school operations, including but not limited to management, staff, faculty members, advisory boards, and administrative personnel and who are not currently CAMTC certified must complete a CAMTC background check even if a background check was submitted or completed previously. Employees of public institutions are excluded.)	Initial:
a. *I understand that individuals required to complete a background check will receive an email from SterlingOne, a third-party background check processor (not CAMTC), once the school's re-approval application has been processed.*	Initial:
b. *I understand that all individuals requiring a background check must follow and accurately complete the instructions in the email from SterlingOne for the school's re-approval application to be complete. Errors by the individual may result in additional fees.*	Initial:
c. *I understand that while CAMTC may provide courtesy updates for background checks that have not been completed, it is the school's responsibility to ensure that its owners, staff, and faculty respond to the SterlingOne email and complete the background check process.*	Initial:
d. *I understand that each individual requiring a background check must provide his or her own unique email. SterlingOne cannot send multiple background checks for different individuals to the same email.*	Initial:

***I understand that* ALL schools applying for re-approval must submit current versions of the following documents and I agree to provide the following documents to CAMTC with this Application for Re-Approval:**	
29. **BPPE Approved Education Program List**	Initial:
30. **Organizational Chart** (listing first and last names of owners and all full and part-time employees, independent contractors, volunteers, and any other individuals who participate in massage program operations in any capacity whatsoever, including, but not limited to, management, staff, faculty members, advisory boards, and administrative personnel.)	Initial:
31. **Staff & Faculty List** (included in application packet, listing first and last names of owners and all full and part-time employees, independent contractors, volunteers, and any other individuals who participate in massage program operations in any capacity whatsoever, including, but not limited to, management, staff, faculty members, advisory boards, and administrative personnel.)	Initial:
32. **Course Catalog Checklist** (included in application packet)	Initial:
33. **Course Catalog**	Initial:
34. **Class Calendar** (*Note: Class calendars must be a day-by-day listing for every schedule offered by the school including the date, times, and specific class and subject matter taught which corresponds directly to the course outline and syllabi. For example, "May 5 6pm-10pm: Swedish Lower Extremities," is acceptable but "Saturdays: Swedish" is too vague.)*	Initial:
35. **Faculty Meeting Minutes/Agendas** (for previous year)	Initial:
36. **Faculty Trainings, Continuing Education, or In-Service** (for previous year)	Initial:
37. **Business License** (public institutions excluded)	Initial:
38. **Advertising** (for previous year)	Initial:
ADDITIONAL REQUIREMENTS FOR PROGRAMS REPORTING CHANGES ***(Check to confirm the appropriate response; YES responses require additional documentation; if multiple changes require redundant documents only submit one comprehensive document.)***	
APPROVAL/ACCREDITATION CHANGES	
39. **Has your school undergone any changes to its approval or accreditation since your massage program(s) was initially approved by CAMTC?** If **YES**, provide: a. **Current approval/accreditation documentation**	☐ Yes ☐ No
40. **Has your school had one or more site visits or reviews from one or more of your approval or accrediting agencies (excluding CAMTC) since your massage program(s) was initially approved by CAMTC?** If **YES**, provide: a. **Site visit report(s) and/or review result(s)**	☐ Yes ☐ No
41. **Has your school received any type of proposed or imposed disciplinary action from one or more of your certifying, approval, or accrediting agencies (including but not limited to NCBTMB and BPPE, but excluding CAMTC) since your massage program(s) was initially approved by CAMTC?** If **YES**, provide: a. **A written statement describing the proposed or imposed discipline and all supporting documents related to the disciplinary action**	☐ Yes ☐ No
OWNERSHIP CHANGES	
42. **Has your school changed ownership or ownership structure since your massage program(s) was initially approved by CAMTC?** If **YES**, provide: a. **BPPE and/or Accreditor's Approval of Change** b. **Owner Worksheet(s)** for each Owner (included in application packet) c. Clear color copy of a current **valid government-issued photographic identification** with each Owner Worksheet d. **Background Fee** for each Owner Worksheet (if not currently CAMTC certified) e. **Contract of Sale** f. **Articles of incorporation, partnership agreements, contracts, and/or EIN certificate from the** IRS showing proof of ownership (for corporations, limited liability companies, or partnerships)	☐ Yes ☐ No
SCHOOL NAME CHANGES	
43. **Is your school operating under a different name since your massage program(s) was initially approved by CAMTC?** If **YES**, provide: a. **BPPE and/or Accreditor's Approval of Change**	☐ Yes ☐ No

LOCATION CHANGES OR ADDITIONS

44. **Is your approved program being taught at a new or different location, including new satellite classrooms since your massage program(s) was initially approved by CAMTC?** If **YES**, provide:
   a. **BPPE and/or Accreditor's Approval of Change or Addition** (*Note: Branches require a separate application.)*
   b. **Property tax bill, lease agreement, local business license, and/or fictitious business name filing**, if applicable, proving that the owner(s) either owns or leases the property where the school is located
   c. **Floor plan** with approximate measurements and square footage
   d. **Clear, color photos** of the exterior signage, building exterior, all classrooms utilized for massage classes, and all areas utilized for student massage clinic

☐ Yes ☐ No

45. **Has your current location undergone extensive changes to classroom or clinic space since your massage program(s) was initially approved by CAMTC?** If **YES**, provide:
   a. **Floor plan** with approximate measurements and square footage
   b. **Clear, color photos** of the exterior signage, building exterior, all classrooms utilized for massage classes, and all areas utilized for student massage clinic

☐ Yes ☐ No

FACULTY OR STAFF CHANGES

46. **Is your approved program being taught by instructors or administered by staff for whom your school has not yet submitted the proper paperwork to CAMTC?** Proper paperwork includes, but is not limited to, an Instructor or Administrator Qualification Form and a background check for individuals who are not currently CAMTC certified. If **YES**, provide:
   a. **Instructor or Administrator Qualification Form(s)** for each new staff member (included with application packet)
   b. Clear color copy of a current **valid government-issued photographic identification** with each IQF or AQF (or Campus ID for public school employees only)
   c. **Background Fee** for each IQF or AQF (if not currently CAMTC certified or a public school employee)

☐ Yes ☐ No

47. **Have any of your current staff, owners, administrators, or instructors experienced proposed disciplinary action, disciplinary action, or complaints against their professional conduct in any capacity?** If **YES**, provide:
   a. **A detailed written statement explaining the situation(s) and all documents related to the situation.**

☐ Yes ☐ No

48. **Have any of your current staff, owners, administrators, or instructors been arrested or had criminal or civil charges filed against them, or been convicted, or had disciplinary action taken against them, or been found liable in a civil proceeding for engaging in acts punishable as a sexually related crime; fraudulent, dishonest, or corrupt acts; or massage, massage business, or education related acts; or had administrative action taken against them (including but not limited to administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization)?** If **YES**, provide:
   a. **A detailed written statement explaining the situation(s) which identifies the court or jurisdiction where the matter(s) occurred, case number, date and description of the incidents, and all documents related to the incident(s).**

☐ Yes ☐ No

TRANSCRIPT CHANGES

49. **Has your list of authorized signers changed since your massage program(s) was initially approved by CAMTC?** If **YES**, provide:
   a. **List of authorized signers** (included with application packet)

☐ Yes ☐ No

50. **Has your school transcript format changed since your massage program(s) was initially approved by CAMTC?** If **YES**, provide:
   a. **Transcript Checklist** (included with application packet)
   Note: In addition to being signed by an authorized signer, transcripts must contain printed name and title of the signer.
   b. **Unmarked sample transcript** with massage program addendum, if applicable
   c. **Highlighted sample transcript** with massage program addendum, if applicable, detailing unique security measures

☐ Yes ☐ No

SCHOOL POLICY CHANGES

51. **Has your school made changes to its policies regarding creating, reviewing, and updating curriculum since your massage program(s) was initially approved by CAMTC?** If **YES**, provide the new policy(ies).

☐ Yes ☐ No

52. **Has your school made changes to its policies regarding hiring, training, evaluating (including student and management evaluations of faculty), and disciplining faculty since your massage program(s) was initially approved by CAMTC?** If **YES**, provide the new policy(ies).

☐ Yes ☐ No

53. **Has your school made changes to its policies regarding Faculty Staff meetings since your massage program(s) was initially approved by CAMTC?** If **YES**, provide the new policy(ies).

☐ Yes ☐ No

54. **Has your school made changes to its policies regarding Student/Teacher ratios since your massage program(s) was initially approved by CAMTC?** If **YES**, provide the new policy(ies).

☐ Yes ☐ No

APPROVED PROGRAM CHANGES

55. **Has your school changed any portion of its approved program since last approved or would your school like to seek approval for future changes or an additional program as part of its re-approval application?** If **YES**, provide:
   a. **BPPE and/or Accreditor's Approval of Change or Addition**
   b. **Enrollment Agreement Checklist** (included with application packet)
   c. **Enrollment Agreement**
   d. **Transcript Checklist** (included with application packet)
   e. **Transcript**
   f. **Program Hour Requirement Worksheet** (included with application packet)
   g. **Syllabi** for all massage courses within the program seeking approval
   h. **List of textbooks, educational materials, and classroom equipment**

☐ Yes ☐ No

SECTION E: AUTHORIZATIONS

56. I (We) understand that it is my (our) responsibility to submit an application to CAMTC and receive written approval from CAMTC for **any CHANGE of APPROVAL or ACCREDITATION; any CHANGE of OWNERSHIP; any CHANGE of SCHOOL LOCATION or CHANGE or ADDITION of ADDITIONAL LOCATIONS; any CHANGE of SCHOOL NAME; or CHANGE in APPROVED PROGRAM PRIOR** to any such change or addition, and that failure to apply for and receive CAMTC approval for such changes or additions may result in disciplinary action by CAMTC against the school, including but not limited to revocation of program approval.	Initial:
57. I (We) understand that it is my (our) responsibility to include the school name under which I am (we are) approved and my (our) school approval code in any and all advertising related to the approved massage program(s), including but not limited to business cards and websites, and I (we) shall post an original CAMTC school approval certificate on the school premises in an area easily visible to the public.	Initial:
58. I (We) understand that upon preliminary review of my (our) application, CAMTC may contact my (our) school to schedule a site visit and inspection, which may include inspection of school records. I (We) hereby authorize CAMTC to conduct this and future site visits and inspections including inspections of records during stated business hours with or without notice at any time whatsoever and for any reason.	Initial:
59. I (We) hereby authorize CAMTC to run and/or receive information from background checks and I (we) further authorize Law Enforcement Agencies (LEA), government agencies, and other massage or school related entities, including NCBTMB, to release all records related to the school and its owners, full and part-time employees, independent contractors, volunteers, and any other individuals who participate in school operations, including but not limited to management, staff, faculty members, advisory boards, administrative personnel, and students to CAMTC upon request, and I (we) hereby authorize CAMTC to share all information about the same, whether provided by the school or others, including personal information, with LEA, government agencies, and other massage or school related entities, including NCBTMB, upon request. (Note: we will not sell or release personal information for marketing purposes.)	Initial:
60. I (We) understand that, as of July 1, 2016, CAMTC only accepts education from CAMTC approved programs for the purposes of CAMTC certification. I (We) understand that CAMTC must receive any application for approval, re-approval, or change by the stated or suggested deadline to avoid a delay or lapse in approval. I (We) understand that any hindrance or delay in the application process on my (our) part may result in CAMTC's decision being delayed. I (We) understand that CAMTC cannot guarantee approval or approval by a certain date.	Initial:
61. I (We) understand that it is the school's responsibility to inform current and prospective students that CAMTC approval could take anywhere from three months to a few years. Applications for certification from students of pending programs will be held until a final decision on the program is made.	Initial:
62. I (We) understand that if my (our) application is not complete, it may be purged one year after the date that the application was received. Once purged, I (we) understand that I (we) will need to start the entire process over, including paying the application fee and meeting all requirements for program approval that exist at the time, and applying as a new application for school approval. I (We) understand that once my (our) application is considered to be complete, it may not be withdrawn.	Initial:
63. I (We) understand that my (our) Application Fee is non-refundable regardless of the ultimate disposition of my application. I (We) understand that if I am (we are) granted CAMTC program re-approval, re-approval periods are for 4 years. I (We) understand that a reminder notification of re-approval expiration may be sent by CAMTC as a courtesy, but failure to receive the reminder notification does not waive my (our) responsibility to submit a fully completed application for re-approval and ensure that it is received by CAMTC at least six (6) months before my current program approval expires to avoid a lapse in approval. I (We) understand that CAMTC will only accept education from CAMTC approved programs and that any education received by students during times when this school or program is not approved cannot be accepted by CAMTC for certification purposes. **I UNDERSTAND THAT UNDER NO CIRCUMSTANCES CAN THIS POLICY BE WAIVED**	Initial:
64. I (We) understand that I am (we are) required to immediately notify CAMTC of any changes that might affect my (our) school/program(s) eligibility for CAMTC approval or might result in disciplinary action against the school. These changes include but are not limited to, actions or proposed actions taken against the school and those associated with the school by law enforcement, civil or administrative agencies, BPPE, NCBTMB, or any other certifying, approval, or accreditation agency or changes in curriculum, program content, faculty, administration, ownership, or school location.	Initial:
65. Should I (we) furnish any false information on or in support of our Application for school approval, or fail to fully provide all requested information, I (we) understand that such action shall constitute cause for denial, suspension, revocation, or action against my (our) CAMTC School Approval.	Initial:

I (WE) HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM COMPLETELY, WITHOUT RESERVATION OF ANY KIND, AND I (WE) DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT MY (OUR) ANSWERS AND ALL STATEMENTS MADE BY ME (US) HERE IN AND IN SUPPORT OF THIS APPLICATION **ARE COMPLETE, TRUE, ACCURATE, AND CORRECT.**

I (WE) HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES, RULES, AND POLICIES AND PROCEDURES APPLICABLE TO CAMTC'S APPROVAL OF SCHOOLS IN CALIFORNIA.

WHO MUST SIGN THIS FORM (add additional pages if needed): If Individual/Sole Proprietorship: **THE OWNER**; If a Married Couple: **BOTH INDIVIDUALS**; If a Partnership: **ALL PARTNERS**; If a Corporation or LLC: **THE PRESIDENT, THE TREASURER, or MEMBER (for LLC)**; If Public Institution: **THE DEAN**

X Signature #1	Date
Printed Name	Title
X Signature #2	Date
Printed Name	Title

CALIFORNIA MASSAGE THERAPY COUNCIL
Staff & Faculty List

Ver. 12.1.18

Office Use Only

1. I understand and agree that ALL individuals required to submit an Owner Worksheet, Administrator Qualification Form, or Instructor Qualification Form are required to have a background check. (Current CAMTC certificate holders and employees of public colleges or universities of the California state higher education system, as defined in Section 100850 of the Education Code, are exempt.)
2. I understand and agree that a non-refundable fee for each background check must be included with the school's application fee.
3. I understand and agree that instructions for completing the background check will be emailed directly to each individual from SterlingOne (not CAMTC) once the school application has been processed. Each individual requiring a background check must provide his or her own unique email; SterlingOne cannot send multiple background checks for different individuals to the same email. The school's application is considered incomplete until all background checks are complete. It is the school's responsibility to ensure that all background checks are accurately completed or additional fees may be incurred.
4. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of school application, disciplinary action, revocation of school approval, or additional processing fees.

Last Name	First Name	Title/ Position	Background Check or CAMTC #	Email (if background check required)
			☐ Yes, or ☐ CAMTC # _____	
			☐ Yes, or ☐ CAMTC # _____	
			☐ Yes, or ☐ CAMTC # _____	
			☐ Yes, or ☐ CAMTC # _____	
			☐ Yes, or ☐ CAMTC # _____	
			☐ Yes, or ☐ CAMTC # _____	
(add additional pages if needed)			Total "Yes":	Amount Due: (Total "Yes" x $82)
X Signature			Date	
Print Name			Title	

CALIFORNIA MASSAGE THERAPY COUNCIL
Course Catalog Checklist

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Office Use Only

1. Please provide the corresponding course catalog page numbers for ALL of the following requirements below.
2. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of school application, disciplinary action, revocation of school approval, or additional processing fees.

	Required Items
List corresponding page number(s): (a)_____ (b)_____ (c)_____ (d)_____ (e)_____ (f)_____ (g)_____ (h)_____ (i)_____ (j)_____ (k)_____ (l)_____	3. Current course catalog and massage program addendum, if any. Per CAMTC's Policies and Procedures for Approval of Schools, course catalogs should include at minimum: (a) School name, address, additional addresses where classes will be held, telephone number, website, and CAMTC School Approval Code (once approved). (b) Date printed/revised. (c) Title of massage program(s) and total number of scheduled supervised hours received upon completion. (d) Program prerequisites, including but not limited to admission requirements, previous training, and language comprehension skills. (e) Completion and graduation requirements, including but not limited to clock hours to attend, assignments to complete, and assessments to pass. (f) Transfer credit policy. (g) Attendance and leave of absence policies. (h) Hygiene, dress code, and draping policies. (i) If the school admits foreign or ESL students, the catalog shall contain language proficiency information, including the level of English language proficiency required of students and the kind of documentation of proficiency that will be accepted; and whether English language services are provided and, if so, the nature of the service and its cost. The catalog shall also identify whether any instruction will occur in a language other than English and, if so, identify the other language(s) instruction will be provided in, the level of English proficiency required, and the kind of documentation of proficiency that will be accepted. (j) Publication of California Business and Professions Code section 4611 related to unfair business practices as related to massage. (k) Clearly visible disclosure statement: "Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code section 4600 et. seq." (l) Statement directing students to CAMTC for unanswered questions and for filing a complaint: "A student or any member of the public with questions that have not been satisfactorily answered by the school or who would like to file a complaint about this school may contact the California Massage Therapy Council at One Capitol Mall, Suite 800, Sacramento, CA 95814, www.camtc.org, phone (916) 669-5336, or fax (916) 669-5337."
Initial:	4. This Checklist.

X Signature	Date
Print Name	Title

CALIFORNIA MASSAGE THERAPY COUNCIL
Owner Worksheet

Ver. 12.1.18

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1. I understand and agree that each person who owns or controls any stock or interest in the school if the school is a Corporation that is not publicly traded, is a Partnership, or is individually owned, or who are members of an LLC that owns an interest in the school, must provide a separate Owner Worksheet (not necessary for public colleges or universities of the California state higher education system, as defined in Section 100850 of the Education Code). If the school is a publicly traded Corporation, each individual who owns 25% or more of the stock of the Corporation must provide a separate Owner Worksheet.
2. I understand and agree to attach a clear color copy of a current valid government-issued photographic identification with each Owner Worksheet.
3. I understand and agree that a non-refundable fee for my background check must be included with the school's application fee, if I am not a current CAMTC certificate holder. Instructions for completing the background check will be emailed directly to each individual from SterlingOne (not CAMTC) once the school application has been processed. Each individual requiring a background check must provide his or her own unique email; SterlingOne cannot send multiple background checks for different individuals to the same email. This Owner Worksheet and the school's application are considered incomplete until all background checks are complete. It is the school's responsibility to ensure that all background checks are accurately completed or additional fees may be incurred.
4. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of your school's application, disciplinary action, revocation of your school's approval, or additional processing fees.

5. I am completing this Worksheet as a: ☐ Individual/Sole Proprietor ☐ Married Couple ☐ Partner ☐ Corporate Officer ☐ LLC

SECTION A: OWNER INFORMATION

6. Last Name	7. First Name		
8. Telephone Number	9. Email		
10. Home Address	11. City	12. State	13. Zip Code
14. Social Security Number or Federal Employer Identification Number	15. CAMTC ID # (if any)	16. Date of Birth	
17. Nature of Interest (e.g., CEO, day-to-day manager, investor only, etc.)	18. Percentage of Ownership	19. Dates of Ownership	
20. Massage School(s) Attended (add additional pages if needed)	Program Attended		
Address of School	City, State	Dates Attended	
21. Non-Massage Education (add additional pages if needed)	Program Attended		
Address of School	City, State	Dates Attended	
22. Other School(s) you are or have been associated with (add additional pages if needed)	Title/Position		
Address of School	City, State	Dates Attended	
23. Other Massage Establishments(s) you are or have been associated with (add additional pages if needed)	Title/Position		
Address of Establishment	City, State	Dates Attended	

SECTION B: OWNER ATTESTATIONS

A "Yes" answer to any of the following questions requires a separate written statement explaining in your own words all of the complete details regarding the incident(s) or event(s) and attachment of all supporting/explanatory documents.

24. Have you ever received an administrative or civil citation related to the practice of massage therapy, a massage therapy business, or a school, or related to any other profession, or been denied, disciplined, or refused the renewal of a license, permit, certificate, or any other authorization to practice massage therapy or related to a massage therapy business or school or any other profession in any city, county, state, country or jurisdiction?	☐ Yes ☐ No
25. Have you ever had a license, certificate, certification of registration, permit, or other authorization for a massage therapy business, to practice massage therapy, or operate a school, or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization)?	☐ Yes ☐ No
26. Have you ever had, or is there currently pending against you, in any city, county, state, country or jurisdiction a complaint against your professional conduct (sexual misconduct or otherwise) or professional competence?	☐ Yes ☐ No
27. Are you aware of any complaints made against you to a business or made to you directly in relation to your conduct as a massage professional, massage instructor, massage faculty, massage administrator or in relation to a massage therapy business or school you currently own, operate, or administer; have in the past owned, operated or administered; or are or have been associated with in any capacity?	☐ Yes ☐ No
28. Are you aware of any complaints made against you to a school, regulatory organization, NCBTMB, FSTMB, government agency, local agency, law enforcement agency, state regulatory board or bureau, or made to you directly, in relation to your conduct as a massage professional or in relation to a massage therapy business or school you currently or in the past have owned/operated, provided instruction for or massage services at, or were associated with in any capacity whatsoever	☐ Yes ☐ No
29. Have you ever been convicted of any criminal offense? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified in the Health and Safety Code, sections 11361.5 and 11361.7.) Convictions MUST be reported even if they have been adjudicated, dismissed or expunged. The definition of a conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. You MUST include ALL convictions, including infractions, misdemeanors, and felonies, not only those related to massage or schools.	☐ Yes ☐ No
30. Have you ever owned, worked or volunteered at, been a student of, or otherwise been associated in any capacity with a school that is or has been un-approved, denied approval, or received other disciplinary action by CAMTC?	☐ Yes ☐ No

SECTION C: OWNER AUTHORIZATION

31. I hereby authorize CAMTC to run and/or receive information from background checks and I further authorize Law Enforcement Agencies (LEA), government agencies, and other massage or school related entities to release all records related to the school, its owners, and me to CAMTC upon request, and I hereby authorize CAMTC to share all information about the same, whether provided by the school or others, including personal information, with LEA, government agencies, and other massage or school related entities upon request. (Note: we will not sell or release personal information for marketing purposes.)	☐ Yes ☐ No

32. I understand that it is my duty and responsibility to fully disclose all requested information and to supplement and/or update my Application for school approval and/or this Worksheet after it has been submitted and notify CAMTC immediately if and when any change in circumstances or conditions occurs which might affect CAMTC's decision concerning my school's eligibility for CAMTC approval. Failure to supplement and/or update my Application and notify CAMTC of changes in circumstances or conditions may result in disciplinary action by CAMTC against the school and myself, including but not limited to denial of the application for school approval, revocation of school approval, or imposition of discipline and denial or disciplinary action against me personally should I be a CAMTC certificate holder or applicant for CAMTC certification.

I HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM COMPLETELY, WITHOUT RESERVATION OF ANY KIND, AND I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT MY ANSWERS AND ALL STATEMENTS MADE BY ME HERE IN AND IN SUPPORT OF THIS APPLICATION **ARE COMPLETE, TRUE, ACCURATE, AND CORRECT.** Should I furnish any false information on or in support of this Application and/or Worksheet, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, revocation, or action against my CAMTC School Approval.

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES, RULES, AND POLICIES AND PROCEDURES APPLICABLE TO CAMTC'S APPROVAL OF SCHOOLS IN CALIFORNIA.

X Signature	Date
Name	Title

CALIFORNIA MASSAGE THERAPY COUNCIL
Administrator Qualification Form

Ver. 12.1.18

Office Use Only

1. I understand and agree that ALL non-owner massage program administrators including, but not limited to, chief executive officer, chief operating officer, chief academic officer, dean, executive director, director, registrar, and all those who oversee faculty or students on a full or part-time or temporary basis and those responsible for recording, securing, or producing student records intended to fulfill CAMTC certification requirements must provide a separate Administrator Qualification Form (not required for public colleges or universities of the California state higher education system, as defined in Section 100850 of the Education Code).
2. I understand and agree to attach a clear color copy of a current valid government-issued photographic identification (or Campus ID if submitting this form as an employee of a public college or university of the California state higher education system, as defined in Section 100850 of the Education Code) for each Administrator Qualification Form.
3. I understand and agree that a non-refundable fee for my background check must be included with the school's application fee, if I am not 1) a current CAMTC certificate holder, or 2) submitting this form as an employee of a public college or university of the California state higher education system, as defined in Section 100850 of the Education Code. Instructions for completing the background check will be emailed directly to each individual from SterlingOne (not CAMTC) once the school application has been processed. Each individual requiring a background check must provide his or her own unique email; SterlingOne cannot send multiple background checks for different individuals to the same email. This Administrator Qualification Form and the school's application are considered incomplete until all background checks are complete. It is the school's responsibility to ensure that all background checks are accurately completed or additional fees may be incurred.
4. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of school application, disciplinary action, revocation of school approval, or additional processing fees.

SECTION A: ADMINISTRATOR INFORMATION

5. Last Name		6. First Name	
7. Title/Position	8. Telephone Number	9. Email	
10. Home Address (not required for public school employees only)		11. City	12. State / 13. Zip Code
14. Social Security Number (or Campus ID for public school employees only)		15. CAMTC ID # (if any)	16. Date of Birth

SECTION B: ADMINISTRATOR EXPERIENCE

17. Massage School(s) Attended (add additional pages or resume if needed)		Program Attended	
Address of School		City, State	Dates Attended
18. Non-Massage Education (add additional pages if needed)		Program Attended	
Address of School		City, State	Dates Attended
19. Name of School for which you are submitting this form	☐ Full time ☐ Part time	City, State	Dates of Employment
20. Please list primary duties for this school and your supporting education/training to perform each duty (add additional pages as needed):			
Duty:		Education/Training to perform this duty:	
21. Other School(s) where CURRENTLY associated (add additional pages if needed)	☐ Full time ☐ Part time	Title/Position	
Address of School		City, State	Dates of Employment

22. Other School(s) where PREVIOUSLY associated (add additional pages if needed)	☐ Full time ☐ Part time	Title/Position	
Address of School		City, State	Dates of Employment
23. CURRENT Other Massage Establishments where you work (add additional pages if needed)	☐ Full time ☐ Part time	Title/Position	
Address of Establishment		City, State	Dates of Employment
24. PREVIOUS Other Massage Establishments where you worked (add additional pages if needed)	☐ Full time ☐ Part time	Title/Position	
Address of School		City, State	Dates of Employment

SECTION C: ADMINISTRATOR ATTESTATIONS

A "Yes" answer to any of the following questions requires a separate written statement explaining in your own words all of the complete details regarding the incident(s) or event(s) and attachment of all supporting/explanatory documents.

25. Have you ever had, or is there currently pending against you, in any city, county, state, country or jurisdiction a complaint against your professional conduct (sexual misconduct or otherwise) or professional competence?	☐ Yes ☐ No
26. Are you aware of any complaints made against you to a business or made to you directly in relation to your conduct as a massage professional, massage instructor, massage faculty, massage administrator or in relation to a massage therapy business or school you currently own, operate, or administer; have in the past owned, operated or administered; or are or have been associated with in any capacity?	☐ Yes ☐ No
27. Are you aware of any complaints made against you to a school, regulatory organization, NCBTMB, FSTMB, government agency, local agency, law enforcement agency, state regulatory board or bureau, or made to you directly, in relation to your conduct as a massage professional or in relation to a massage therapy business or school you currently or in the past have owned/operated, provided instruction for or massage services at, or were associated with in any capacity whatsoever?	☐ Yes ☐ No
28. Have you ever received an administrative or civil citation related to the practice of massage therapy, a massage therapy business, or a school, or related to any other profession, or been denied, disciplined, or refused the renewal of a license, permit, certificate, or any other authorization to practice massage therapy or related to a massage therapy business, or school, business, or any other profession in any city, county, state, country, or jurisdiction?	☐ Yes ☐ No
29. Have you ever had a license, certificate, certification of registration, permit, or other authorization for a massage therapy business, to practice massage therapy, related to a school, or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization)?	☐ Yes ☐ No
30. Have you ever been convicted of any criminal offense? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified in the Health and Safety Code, sections 11361.5 and 11361.7.) Convictions MUST be reported even if they have been adjudicated, dismissed or expunged. The definition of a conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. You MUST include ALL convictions, including infractions, misdemeanors, and felonies, not only those related to massage or schools.	☐ Yes ☐ No
31. Have you ever owned, worked or volunteered at, been a student of, or otherwise been associated in any capacity with a school that is or has been un-approved, denied approval, or received other disciplinary action by CAMTC?	☐ Yes ☐ No

SECTION D: ADMINISTRATOR AUTHORIZATION

32. I have read, understand, and agree to comply with CAMTC's Policies and Procedures for Approval of Schools. I understand that it is my duty and responsibility to fully disclose all requested information and to supplement and/or update this form after it has been submitted. I understand that my failure to immediately inform CAMTC and my school administration and/or Owners of any change in circumstances that might affect my school's eligibility for approval may result in disciplinary action by CAMTC against me or the school, including but not limited to denial of my Administrator Qualification Form, disciplinary action against my school, and denial or disciplinary action against me personally should I be a CAMTC certificate holder or applicant for CAMTC certification.	☐ Yes ☐ No
33. I understand that by submitting this Administrator Qualification Form I will not receive any official qualified or approved administrator status from CAMTC and that I may not present myself as a "CAMTC qualified or approved administrator." I understand I must submit this form for every school where I intend to work.	☐ Yes ☐ No
34. I hereby authorize CAMTC to run and/or receive information from background checks and I further authorize Law Enforcement Agencies (LEA), government agencies, and other massage or school related entities to release all records related to me to CAMTC upon request, and I hereby authorize CAMTC to share all information about the same, whether provided by myself or others, including personal information, with LEA, government agencies, and other massage or school related entities upon request. (Note: we will not sell or release personal information for marketing purposes.)	☐ Yes ☐ No

35. I HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM COMPLETELY, WITHOUT RESERVATION OF ANY KIND, AND I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT MY ANSWERS AND ALL STATEMENTS MADE BY ME HERE IN AND IN SUPPORT OF THIS APPLICATION **ARE COMPLETE, TRUE, ACCURATE, AND CORRECT.** Should I furnish any false information on or in support of this Qualification Form, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, revocation, or action against myself or my school's CAMTC School Approval.

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES, RULES, AND POLICIES AND PROCEDURES APPLICABLE TO CAMTC'S APPROVAL OF SCHOOLS IN CALIFORNIA.

X Signature	Date

CALIFORNIA MASSAGE THERAPY COUNCIL
Instructor Qualification Form

Ver. 12.1.18

Office Use Only

1. I understand and agree that ALL massage program faculty, including but not limited to visiting instructors, volunteers, and all those who will be teaching on a full or part-time or temporary basis and responsible for delivering curriculum intended to fulfill requirements of CAMTC certification must provide a separate Instructor Qualification Form.
2. I understand and agree to attach a clear color copy of a current valid government-issued photographic identification (or Campus ID if submitting this form as an employee of a public college or university of the California state higher education system, as defined in Section 100850 of the Education Code) for each Instructor Qualification Form.
3. I understand and agree that a non-refundable fee for my background check must be included with the school's application fee, if I am not 1) a current CAMTC certificate holder, or 2) submitting this form as an employee of a public college or university of the California state higher education system, as defined in Section 100850 of the Education Code. Instructions for completing the background check will be emailed directly to each individual from SterlingOne (not CAMTC) once the school application has been processed. Each individual requiring a background check must provide his or her own unique email; SterlingOne cannot send multiple background checks for different individuals to the same email. This Instructor Qualification Form and the school's application are considered incomplete until all background checks are complete. It is the school's responsibility to ensure that all background checks are accurately completed or additional fees may be incurred.
4. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of school application, disciplinary action, revocation of school approval, or additional processing fees.

SECTION A: INSTRUCTOR INFORMATION

5. Last Name	6. First Name		
7. Telephone Number	8. Email		
9. Home Address (not required for public school employees only)	10. City	11. State	12. Zip Code
13. Social Security Number (or Campus ID for public school employees only)	14. CAMTC ID # (if any)	15. Date of Birth	

SECTION B: INSTRUCTOR EXPERIENCE

16. Massage School(s) Attended (add additional pages or resume if needed)		Program Attended	
Address of School		City, State	Dates Attended
17. Non-Massage Education (add additional pages if needed)		Program Attended	
Address of School		City, State	Dates Attended
18. Name of School for which you are submitting this form	☐ Full time ☐ Part time	City, State	Dates of Employment

19. Please list all subjects taught at this school and your supporting education/qualifications to teach each subject (add additional pages as needed):

Subject #1 taught:	Education/Qualification to teach Subject #1:
Subject #2 taught:	Education/Qualification to teach Subject #2:

20. Other School(s) where CURRENTLY associated (add additional pages if needed)	☐ Full time ☐ Part time	Title/Position	
Address of School		City, State	Dates of Employment

21. Other School(s) where PREVIOUSLY associated (add additional pages if needed)	☐ Full time ☐ Part time	Title/Position	
Address of School		City, State	Dates of Employment
22. CURRENT Other Massage Establishments where you work (add additional pages if needed)	☐ Full time ☐ Part time	Title/Position	
Address of Establishment		City, State	Dates of Employment
23. PREVIOUS Other Massage Establishments where you worked (add additional pages if needed)	☐ Full time ☐ Part time	Title/Position	
Address of Establishment		City, State	Dates of Employment

SECTION C: INSTRUCTOR ATTESTATIONS

A "Yes" answer to any of the following questions requires a separate written statement explaining in your own words all of the complete details regarding the incident(s) or event(s) and attachment of all supporting/explanatory documents.

24. Have you ever had, or is there currently pending against you, in any city, county, state, country or jurisdiction a complaint against your professional conduct (sexual misconduct or otherwise) or professional competence?	☐ Yes ☐ No
25. Are you aware of any complaints made against you to a business or made to you directly in relation to your conduct as a massage professional, massage instructor, massage faculty, massage administrator or in relation to a massage therapy business or school you currently own, operate, or administer; have in the past owned, operated or administered; or are or have been associated with in any capacity?	☐ Yes ☐ No
26. Are you aware of any complaints made against you to a school, regulatory organization, NCBTMB, FSTMB, government agency, local agency, law enforcement agency, state regulatory board or bureau, or made to you directly, in relation to your conduct as a massage professional or in relation to a massage therapy business or school you currently or in the past have owned/operated, provided instruction for or massage services at, or were associated with in any capacity whatsoever?	☐ Yes ☐ No
27. Have you ever received an administrative or civil citation related to the practice of massage therapy, or a massage therapy business, or a school, or related to any other profession, or been denied, disciplined, or refused the renewal of a license, permit, certificate, or any other authorization to practice massage therapy or related to a massage therapy business, or school, business, or any other profession in any city, county, state, country, or jurisdiction?	☐ Yes ☐ No
28. Have you ever had a license, certificate, certification of registration, permit, or other authorization for a massage therapy business, to practice massage therapy, related to a school, or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization)?	☐ Yes ☐ No
29. Have you ever been convicted of any criminal offense? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified in the Health and Safety Code, sections 11361.5 and 11361.7.) Convictions MUST be reported even if they have been adjudicated, dismissed or expunged. The definition of a conviction includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. You MUST include ALL convictions, including infractions, misdemeanors, and felonies, not only those related to massage or schools.	☐ Yes ☐ No
30. Have you ever owned, worked or volunteered at, been a student of, or otherwise been associated in any capacity with a school that is or has been un-approved, denied approval, or received other disciplinary action by CAMTC?	☐ Yes ☐ No

SECTION D: INSTRUCTOR AUTHORIZATION

31. I have read, understand, and agree to comply with CAMTC's Policies and Procedures for Approval of Schools. I understand that it is my duty and responsibility to fully disclose all requested information and to supplement and/or update this form after it has been submitted. I understand that my failure to immediately inform CAMTC and my school administration and/or Owners of any change in circumstances that might affect my school's eligibility for approval may result in disciplinary action by CAMTC against me or the school, including but not limited to denial of my Instructor Qualification Form, disciplinary action against my school, and denial or disciplinary action against me personally should I be a CAMTC certificate holder or applicant for CAMTC certification.	☐ Yes ☐ No
32. I understand that by submitting this Instructor Qualification Form I am only qualified to instruct in subjects specifically listed herein and for which CAMTC determines I am qualified. I further understand that I will not receive any official qualified or approved instructor status from CAMTC and that I may not present myself as a "CAMTC qualified or approved instructor." I understand I must submit this form for every school where I intend to work.	☐ Yes ☐ No
33. I hereby authorize CAMTC to run and/or receive information from background checks and I further authorize Law Enforcement Agencies (LEA), government agencies, and other massage or school related entities to release all records related to me to CAMTC upon request, and I hereby authorize CAMTC to share all information about the same, whether provided by myself or others, including personal information, with LEA, government agencies, and other massage or school related entities upon request. (Note: we will not sell or release personal information for marketing purposes.)	☐ Yes ☐ No

34. I HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM COMPLETELY, WITHOUT RESERVATION OF ANY KIND, AND I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT MY ANSWERS AND ALL STATEMENTS MADE BY ME HERE IN AND IN SUPPORT OF THIS APPLICATION **ARE COMPLETE, TRUE, ACCURATE, AND CORRECT.** Should I furnish any false information on or in support of this Qualification Form, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, revocation, or action against myself or my school's CAMTC School Approval.

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES, RULES, AND POLICES AND PROCEDURES APPLICABLE TO CAMTC'S APPROVAL OF SCHOOLS IN CALIFORNIA .

X Signature	Date

CALIFORNIA MASSAGE THERAPY COUNCIL
Authorized Transcript Signature List

Ver. 12.1.18

Office Use Only

1. Pursuant to CAMTC's Policies and Procedures for Approval of Schools, transcripts submitted to CAMTC must contain, among other things, at least one authorized signature with printed name, title, and date.
2. I understand and agree that CAMTC only recognizes CAMTC approved program transcripts that are signed by an authorized signer. Transcripts that are received with anything other than the identifiable signature of an authorized signer, along with that person's printed name, title, and date, will not be accepted and cannot be used for certification.
3. I understand and agree that authorized signers must verify the accuracy of the information on every transcript before signing the transcript and submitting it to CAMTC.
4. I understand and agree that schools may be denied approval or may have their school approval revoked, suspended, or otherwise acted against, for, including but not limited to, any of the following reasons: selling or offering to sell transcripts; providing or offering to provide transcripts without requiring attendance or full attendance, at the school; failure to require students to attend all of the classes listed on the transcript; failure to require students to attend all of the hours listed on the transcript; and failure to create, record, or maintain accurate records, including but not limited to student attendance records and student transcripts. Therefore, I understand and agree that my school will select only a limited number of reliable individuals as authorized signers for transcripts, as CAMTC will hold my school accountable for the conduct of these individuals.
5. I understand and agree that any change to the list of authorized signers may only occur after the corresponding form(s) has been submitted to, and approved by, CAMTC.
6. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of school application, disciplinary action, revocation of school approval, or additional processing fees.

Signature	Printed Name	Title	Date

CALIFORNIA MASSAGE THERAPY COUNCIL
Transcript Checklist

Ver. 12.1.18

Office Use Only

1. Please initial that you have included ALL of the following with the Application for School Approval.
2. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of school application, disciplinary action, revocation of school approval, or additional processing fees.

Initials	Required Items
	3. Unmarked sample transcript with massage program addendum, if any. Per CAMTC's Policies and Procedures for Approval of Schools, transcripts should include at minimum: (a) School name, address, telephone number, website, and CAMTC School Approval Code (once approved), which shall exactly match information on file at CAMTC. (b) Heading entitled "Official Transcript." (c) Student's full legal name and date of birth. (d) Name of CAMTC Approved Program attended by student. (e) Date student started program and date student graduated or, for programs longer than 500 hours, completed CAMTC requirements, if applicable. (f) Breakdown of courses completed with total number of supervised clock hours attended and passing grades for each course. Courses shall match those listed in the provided syllabi and program hour requirement worksheet (included with application). (g) Total number of supervised clock hours attended for massage program. (h) At least one authorized, personally handwritten signature in ink with printed name, title, and date. (i) Official school seal affixed, embossed, or otherwise attached to transcript. (j) Sufficient security measures that uniquely identify the school's transcripts. Transcripts from public colleges or universities of the California state higher education system, as defined in Section 100850 of the Education Code, shall meet or exceed standards as determined by governing laws and regulations.
	4. Sample transcript with massage program addendum, if any, with highlights and descriptions for unique security measures.
	5. Sample diploma (NOTE: Diplomas are not accepted in lieu of transcripts as proof of education).
	6. Sample envelope from the school in which transcripts will be mailed to CAMTC.
	7. This Checklist.

X Signature	Date
Print Name	Title

CALIFORNIA MASSAGE THERAPY COUNCIL
Enrollment Agreement Checklist

Ver. 12.1.18

Office Use Only

1. Please initial that you have included ALL of the following with the Application for School Approval.
2. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of school application, disciplinary action, revocation of school approval, or additional processing fees.

Initials	Required Items
	3. Blank enrollment agreement and massage program addendum, if any. Per CAMTC's Policies and Procedures for Approval of Schools, enrollment agreements should include at minimum: (a) School name, address, additional addresses where classes will be held, telephone number, and website. (b) Student's full legal name, date of birth, address, email, telephone number, and signature. (c) Copy of a current valid government issued photographic identification. (d) Title of massage program and total scheduled number of supervised hours received upon completion. (e) Program schedule with start date and scheduled completion date. (f) All scheduled charges and fees including, as applicable: tuition, registration fee, equipment, lab supplies, textbooks, educational materials, uniforms, charges paid to an entity other than the school as required by the program, and any other charge or fee. (g) Scheduled payment terms. (h) Clearly visible disclosure statement: "Attendance and/or graduation from a California Massage Therapy Council approved school does not guarantee certification by CAMTC. Applicants for certification shall meet all requirements as listed in California Business and Professions Code sections 4600 et. seq." (i) Statement directing students to CAMTC for unanswered questions and for filing a complaint: "A student or any member of the public with questions that have not been satisfactorily answered by the school or who would like to file a complaint about this school may contact the California Massage Therapy Council at: One Capitol Mall, Suite 800, Sacramento, CA 95814, www.camtc.org, phone (916) 669-5336, or fax (916) 669-5337." Note: Enrollment agreements from public colleges or universities of the California state higher education system, as defined in section 100850 of the Education Code, shall meet or exceed standards as determined by governing laws and regulations.
	4. This Checklist.

X Signature	Date
Print Name	Title

CALIFORNIA MASSAGE THERAPY COUNCIL
Program Hour Requirement Worksheet

Ver. 12.1.18

Office Use Only

1. Please indicate which classes or subjects fulfill the minimum core educational requirements as set forth in CAMTC's Policies and Procedures for Approval of Schools.
2. I understand and agree that providing incomplete or misleading information to the California Massage Therapy Council ("CAMTC") may result in processing delays, denial of school application, disciplinary action, revocation of school approval, or additional processing fees.

Required Course of Study	**Minimum Required Course Hours**	**Courses that Fulfill Requirements** Provide Course Title and Number of Hours Counting towards Required Course Hours
Anatomy & Physiology	64	
Contraindications	13	
Health & Hygiene	5	
Business & Ethics	18	
TOTAL	**≥ 100**	

X Signature	Date
Print Name	Title