

SOUTHWICK BOARD OF HEALTH

APPLICATION FOR LICENSE OF PROFESSIONAL PRACTITIONER OF  
MASSAGE THERAPY and/or BODYWORK

Please supply the following and documents:

NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PHONE (     ) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

PHONE (     ) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

TRAINING

Please complete Section A and/or B.

A. I have met the educational criteria established through one of the following associations, institutes or through the Advisory Board (please check one)

- \_\_\_\_\_ American Massage Therapy Association
- \_\_\_\_\_ American Oriental Bodywork Therapy Association
- \_\_\_\_\_ American Polarity Therapy Association
- \_\_\_\_\_ The Feldenkrais Guild
- \_\_\_\_\_ Massachusetts Association of Body Oriented Psychotherapists and Counseling Bodyworks
- \_\_\_\_\_ Massachusetts Professional Bodywork Association
- \_\_\_\_\_ The Rolf Institute
- \_\_\_\_\_ The School for Body-Mind Centering, Inc.
- \_\_\_\_\_ The Trager Institute
- \_\_\_\_\_ The Advisory Board

Please attach documents from the above organization you have checked confirming current practitioner membership.

B. \_\_\_ I have passed the National Certification Exam for Therapeutic Massage and Bodywork.

Please attach document confirming passage of National Certification Exam.

MASSAGETHAERPY and/or BODYWORK

APPLICATION FOR LICENSE OF PROFESSIONAL PRACTITIONER OF  
MASSAGE THERAPY and/or BODYWORK

ESTABLISHMENT/OFF-PREMISES BUSINESS

A.

\_\_\_\_\_ Please check if you will be conducting off-premises business exclusively at locations including but not limited to private homes, businesses, sports events. If so, please fill out application for permit of solely off-premises business.

B.

\_\_\_\_\_ Please check if you will be operating your own establishment. If so, please fill out an application for license of an establishment.

C.

\_\_\_\_\_ Please check if you will be working at an establishment operated by another person(s). If so, please list name(s) and address(es) of this(these) establishment(s).

NAME

ADDRESS

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- A. Please submit proof of a skin test for tuberculosis taken within the past two years.
- B. Please submit one face-front photograph at least 2" x 2" taken with 30 days prior to submission of this application.
- C. Please submit two forms of positive I.D. or a valid passport indicating you are 18 years of age or older

Please submit a fee of \$50.00.

I have received, read and agree to abide by the Rules and Regulations of Massage Therapy and/or Bodywork of the Town of Southwick. I am informed of and agree to abide by the standards for practice and ethical guidelines of my professional association, institute or the Advisory Board (please name)\_\_\_\_\_. I certify that I have not herein misrepresented my training, credentials or title, nor shall I misrepresent them to the public.

Professional Practitioner Signature \_\_\_\_\_

Date \_\_\_\_\_

MASSAGETHERAPY and/or BODYWORK