



# Application for Massage Therapy School Approval

Florida Board of Massage Therapy  
PO Box 6330  
Tallahassee, FL 32314-6330

Web: [www.floridasmassagetherapy.gov](http://www.floridasmassagetherapy.gov)  
E-mail: [info@floridasmassagetherapy.gov](mailto:info@floridasmassagetherapy.gov)

## 1. GENERAL INFORMATION

Name of School: \_\_\_\_\_

### ADDRESS/LOCATION INFORMATION

Campus Address: \_\_\_\_\_ Suite/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Mailing address is same as campus address.

Mailing Address: \_\_\_\_\_ Suite/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### OWNER/CONTACT INFORMATION

Name of Owner/Director: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

School owner/director is the preferred contact.

Name of Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Institution Information

The above named school is:  Public  Private

We will confer the following on our graduates:

Diploma  AS Degree  OAS Degree  Other: \_\_\_\_\_

### Please attach the following additional documentation:

- Proof of licensure by the Florida Department of Education / Commission for Independent Education
- Copy of program curriculum, course catalog, or course descriptions
- Program Hour Requirement Worksheet
- Copy of sample transcript
- Copy of sample diploma

I understand that the information provided as part of this application is accurate, and that, if approved, I agree to abide by the requirements set forth in the rules established by the Board of Massage Therapy in Chapter 64B7-32, F.A.C.

\_\_\_\_\_  
Owner/Director Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)