



Application for Massage Therapy School Approval

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

Web: www.floridasmassagetherapy.gov
E-mail: 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)