

ALABAMA BOARD OF MASSAGE THERAPY
2777 Zelda Road
Montgomery, AL 36106
334-269-9990
Fax: 334-263-6115

Instruction for Completing School Application

- This application must be submitted in a 1” three ring binder. The application must be typed, signed, dated, notarized, and accompanied by a money order or cashier’s check for \$50.00 made payable to the Alabama Board of Massage Therapy. The biannual renewal fee is \$10.00. Please note that if a change in curriculum, ownership or faculty occurs, you must submit the new information in writing within 30 days to the Board’s office.

Please complete and return this entire application.

- In the three ring binder, each of the following shall be labeled and have its own divider:

(Use this as a checklist for your application)

1. Sample transcript and sample diploma.
2. Send a copy of the curriculum schedule for massage therapy to include a week-by-week description of topics to be covered for the entire training period of each program.
3. List instructional material and equipment to be used, such as: test materials, supplemental teaching devices, audio visual aids, major items of demonstration, and practice equipment.
4. Methods that are or will be used to keep subject matter updated
5. Submit faculty credentials and include instructors.
6. Include a copy of your published policy regarding performance level required before students can graduate.
7. Send copies of your enrollment contract. Your enrollment contract is the contract that you have with anyone who is enrolled in your school.
8. Submit training objectives of each program offered by the school.
9. Syllabus for each course (each in its own divider).
10. Please list all the credentials a student may be awarded.
11. A copy of your catalogue

12. Has your institution had any civil or government initiated investigations, complaints or legal action during the past 5 years? Give dates, charges, and final disposition.
13. What other legal action has occurred during the past 5 years of a material nature regarding your massage therapy education or status? Any legal action pending? Please give a full description.
14. Complete the following table for all of the training programs for your staff:

Program Title	Total Hours	Number of Weeks Required for Completion

Instructors:

Instructor Name	LMT License #	Instructor License #	Full Time/Part Time

*Please complete the Massage Therapy Instructor Application (under “Forms” on www.almtd.alabama.gov) for every instructor not already licensed by the Alabama Board of Massage Therapy

a) Please include the instructors’ primary responsibilities, educational backgrounds, major study areas, degrees of certifications earned, related work experience, job titles, duties, and other qualifications.

