

Alabama Board of Massage Therapy

610 S. McDonough Street
Montgomery, Alabama 36104
(334) 269-9990
Fax (334) 263-6115
E-mail: ALMTBD@aol.com

Alabama Massage School License Renewal

In order to renew your license as an approved massage therapy school, please submit the following:

- A completed renewal form.
- A copy of the curriculum schedule (for each certification) to include a week by week description of topics to be covered for the entire training period of the program, **if any part of the original curriculum has been altered.**
- List of instructors with instructor license number and State massage license number.
- Renewal fee of \$10.00 **certified check or money order.**
- Transcript showing hourly breakdown.

Please type or print legibly:

Check appropriate ownership:

_____ Individual _____ Foundation _____ Corporate
_____ Partnership _____ Franchise _____ Other

Owners Name:

Mailing Address: _____ Address	Physical Address: _____ (if different) Address
_____ City, State/Zip	_____ City, State/Zip
_____ Telephone	_____ Telephone

Official Name of Institution:

Mailing Address: _____ Address	Physical Address: _____ (if different) Address
_____ City, State/Zip	_____ City, State/Zip
_____ Telephone	_____ Fax Number
_____	E-mail or web-site address

Administration

Chief Administrative Officer of Institute

Chief Academic Officer of Institute

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

City, State/Zip: _____

City, State/Zip: _____

Telephone: _____

Telephone: _____

List all additional administrative officers and a way to contact them.

Name	Telephone
_____	_____
_____	_____
_____	_____

Has your institution had any civil or government initiated investigations, complaints or legal action during the past 24 months? Give dates, charges, and final disposition (attach sheets as necessary).

What other legal action has occurred during the past 24 months of a material nature regarding your massage therapy education or status: Any legal action pending give full description. (Attach sheets as necessary).

I hereby attest that the information contained herein is true to the best of my knowledge and belief.

Name and SSN of School Administrator or School Officer

Signature (School Administrator or School officer)

Date

Signature (School Administrator or any School officer)

Date

Subscribed and sworn to before me

This _____ day of _____

Notary Seal-Signature of Notary Public

My Commission Expires