



Janet T Mills
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Massage Therapy Program
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Joan F Cohen
Commissioner

Dear Applicant for Program Approval:

Thank you for contacting the Massage Therapy Program. It is the principal responsibility of the Massage Therapy Program to safeguard the public's health and safety by ensuring that licensed massage practitioners are qualified to perform therapeutic massage. Therefore, in order to qualify, applicants for licensure must either demonstrate passage of one of the nationally recognized examinations or complete a course of study in the field of massage consisting of a minimum of 500 in-class hours.

As you are aware, in order to expedite an applicant's demonstration of completion of the 500-hour course of study as outlined in the Board's Rules, school officials may submit requests for review and approval of their massage therapy program.

The Office of Professional and Occupational Regulation, Massage Therapy Program will review and evaluate programs based upon course of study, instructional staff qualifications and the authority to operate as outlined below.

➤ **Course of Study**

The course of study must consist of a minimum of 500 in-class hours of supervised instruction. The curriculum must include:

- a minimum of the 120 hours of in-class instruction in human anatomy, physiology and pathology;
- a minimum of 100 hours of supervised hands on practice;
- in-class instruction covering massage therapy theory, technique and practice (gliding strokes, kneading, direct pressure, deep friction, superficial warming techniques, percussion, compression, vibration, jostling, shaking and rocking); and
- in-class instruction covering contraindications, benefits, universal precautions, body mechanics, business, history, ethics, and legalities of massage and professional standards regarding draping and modesty.

Please note that instructional hours devoted to CPR/First Aid certification may not be included in the 500-hour total.

OFFICES LOCATED AT: 76 NORTHERN AVENUE, GARDINER, MAINE

➤ **Instructional Staff Qualifications**

Instructors are responsible for the student's scholarly and professional growth throughout the course of study. Therefore, it is essential that instructional staff demonstrate competence in the fundamental knowledge and methodology of teaching and possess a professional level of skills, knowledge and practical experience in every subject they teach in the program.

Instructors of massage therapy theory, technique and practice should be appropriately licensed by this Department. Instructors of curriculum subjects other than massage proper (e.g., anatomy, physiology, kinesiology, CPR) should be able to demonstrate an applicable academic degree, state license, certification or other credential.

➤ **Authority to Operate**

Proprietary schools should be appropriately licensed by the Department of Education or be prepared to demonstrate its reason(s) for exemption from licensure.

If you wish to apply for program approval, please mail a completed application and the required documentation to the Office of Professional and Occupational Regulation. If there are deficiencies with your submission, you will be contacted by mail at the address indicated on the application. It is the responsibility of the applicant to see that all requested documentation is submitted to the department for consideration.

All applicants are strongly encouraged to review the Massage Therapy Program's Laws & Rules which are available for download at the Board's website: www.maine.gov/professionallicensing

Subsequent approvals meeting minimum standards shall be re-issued biennially. To facilitate prompt review and processing of requests, it is suggested that school officials request approval two (2) months prior to expiration of its approval.

Please contact the Office should you have any questions.



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REQUEST FOR PROGRAM APPROVAL

To obtain approval status with the Massage Therapy Program, please complete and mail this form along with the required items listed below to the above address. Submissions by e-mail or fax will not be accepted. A complete request includes:

- ☐ A completed Request for Program Approval Form (4 pages);
- ☐ A completed Core Curriculum Requirements Form (2 pages);
- ☐ A copy of the school's catalog or program curriculum or syllabus describing the minimum approved 500 hour massage courses as outlined in Sections 3(A), (B), and (C); and
- ☐ A description of how the supervised hands-on practice is integrated in the overall course; and
- ☐ A detailed biography or curriculum vitae for all faculty listed on page 3 of the application; and
- ☐ A copy of your current certificate from the Department of Education.

Applicant Information (please print)		
Name of School:		
Mailing Address:		
City:	State:	Zip Code:
Street Address (if different from above):		
Owner, Executive Director or Chair of Governing Board:		
Contact Person (if different from above):		
Telephone Number:	E-mail:	
Website Address:		

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OFFICES LOCATED AT: 76 NORTHERN AVENUE, GARDINER, MAINE

PHONE: (207)624-8624 (VOICE)

TTY users: call Maine Relay 711

FAX: (207)624-8637

School Background and History

Institution Structure:

☐ Proprietary ☐ Non-profit corporation ☐ Other, please specify _____

Institutional Type:

☐ Massage only ☐ Diversified instruction

Has the school operated under another name? ☐ YES ☐ NO

If yes, please provide the following (use additional sheets if necessary):

Name	Dates of Operation	Reason(s) for Name Change or Closure

List all locations within Maine where instruction is provided (use additional sheets if necessary):

Address	Activities/Instruction Provided at this Location

Faculty

Please list all faculty and credentials (use additional sheets if necessary):

Name & License Type & Number	Course(s) Responsible for Instructing	Number of Years Licensed	Number of Years of Instruction Experience

For all instructors listed above, please provide a list of coursework or attendance at workshops regarding training in instructional design/techniques, if any, on a separate sheet. Please also attach transcripts or certificates of completion if available.

Credentialing History

Please list all licenses and accreditations held by the school:

License/Accreditation Name and Number	State/Country	Date Issued	Expiration Date

Disciplinary History

1. Has the school applied for a license or accreditation and been denied? If yes, please enclose a detailed explanation and copies of all documents. [] YES [] NO

2. Has a license or accreditation held by the school been disciplined, placed on probation or revoked? If yes, please enclose a detailed explanation and copies of all documents. [] YES [] NO

Affirmation

By my signature, I hereby certify that the information provided on and with this request is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for program approval and that this information is truthful and factual. I also understand that approval may be rescinded if this information is found to be false.

I also understand that any change to the address, curriculum or faculty must be reported in writing to the Office of Professional and Occupational Regulation, Massage Therapy Program.

SIGNATURE: _____ DATE: _____