

**2018** Recertification Application

Instructions

*For individuals with certificates
expiring in 2018 ONLY*

Before starting the recertification application process, please read ALL these instructions.

Use the 2018 Recertification Application only if you are a CAMTC certificate holder with a certificate expiring in 2018. The Recertification Application form cannot be used for new applicants who have never been certified, or if your certificate has been expired for more than six months. Applications sent using the wrong form will be returned.

If you have never been certified by CAMTC or your certificate has been expired for more than six months, you must use the correct Application for Certification form (available on camtc.org) and cannot use the 2018 Recertification Application form.

Incomplete, illegible or inaccurate answers and information may cause delays in application processing.

Question 1: CAMTC ID & Certificate Number

Enter your CAMTC ID number (if you know it) and certificate number in the fields provided.

Question 2: Your Full Legal Name, Date of Birth & Other Names

Enter your full legal name here. If your identification does not match your name, if your first and last name are not entered in the correct fields, or if there are other name discrepancies then there may be a delay in processing.

Write out the date that you were born or enter it in month/day/year format. For example: September 7, 1998 or 9/7/1998.

If you have been known by any other name since you last submitted an application to CAMTC, please check the "Yes" box and list the other name(s) you have been known by in the fields provided.

Question 3: Home Address & Contact Information

Put the address where you currently live here. Make sure to include an apartment or suite number if applicable.

This address must be the street address where you reside and cannot be a P.O. Box or other mail drop location. Please be aware that it is your responsibility by law to update CAMTC within 30 days if this information changes while your Application is pending or after you have been certified.

Also include your home, work and mobile telephone numbers in the fields provided along with your email address(es) and your Driver's License (or other State identification) number.

Question 4: Is your Mailing Address the same as your Home Address (above) where you live?

If you receive your mail at a different address from where you live, check the "No" box here. This indicates that you do not receive mail where you live. Please provide your mailing address here. Make sure to include an apartment or suite number if applicable. Your application may be delayed, you may not receive your certificate or ID card, or you may be required to pay additional processing fees if you provide CAMTC with an incorrect mailing address.

If you receive mail at the same address that you provided in Question 3 (where you currently live), check the "Yes" box.

Question 5: Current Work Locations

If you are currently working in the field of massage therapy on paying clients, please provide the requested business information for ALL locations where you currently provide massage therapy services. You must request directly from CAMTC that an official copy of your CAMTC Certificate be provided for display at each place of business where you provide massage for compensation according to CA Business and Professions Code section 4608(a).

Question 6: Previous Work Locations

If you have previously worked in the field of massage therapy on paying clients, please provide the requested information (including start date and end date) here for all the business locations where you have ever previously provided massage to paying clients (and are not currently working at).

You are required to provide information on ALL the business locations where you provided massage for compensation in the last 10 years, regardless of how short of a period you worked there. This question is only asking about business locations where you provided massage for compensation and does NOT include locations where you provided massage on an out-call basis.

Applicant History Section: Question 1

Please select "Yes" if you have ever received an administrative or civil citation, or been denied or been refused the renewal of a license, permit, certificate, or other authorization for a massage therapy business, or to practice massage therapy or any other profession, in any city, state, county or jurisdiction. This includes actions taken against you personally as a massage professional, as well as actions taken against you as the owner/operator of a massage business, and actions taken against you as a professional in another profession, such as manicure, cosmetology, esthetician, medical professional, acupuncture, chiropractic, physical therapy, etc.

If you select "Yes," you will need to provide a written statement on a separate piece of paper attached to your application for each and every incident, in order to explain the action taken against you in more detail. Please describe the following in detail for each and every incident:

- A detailed description of the incident that led to the action being taken against you including the date of the incident;
- The location where the incident occurred and whether it occurred at a location where massage is provided;
- Whether the incident is related to massage services;
- What exactly was acted against (a permit, license, certificate, business license, operator's permit, etc.);
- The specific action taken against you (for example - did you have a permit revoked, paid a fine, had a state license disciplined, had your application denied, etc.);
- The date of the citation or the date the action against you occurred;
- Identify the agency that took the action against you (city, county, state, etc.);
- The stated reason for the action being taken against you (for example – a massage professional failed to properly cover a client, the business used an un-permitted or un-certified person to provide massage services, etc.); and
- Any other relevant information in your possession.

Please also provide copies of any documentation you have in relation to the action taken against you (for example – copies of administrative citations, judgments, receipts for fines paid, final decision letters from the agency that took action against you, etc.).

Failure to fully disclose requested information is a violation of the law and is considered an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial of certification or revocation of certification.

Applicant History Section: Question 2

Please select “Yes” if you have ever had a license, certificate, certificate of registration, permit, or other authorization for a massage business or to practice massage therapy or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization).

If you select “Yes,” you will need to provide a written statement on a separate piece of paper attached to your application for each and every incident, in order to explain the action taken against you in more detail. Please describe the following in detail for each and every incident:

- A detailed description of the incident that led to the action being taken against you including the date of the incident;
- The location where the incident occurred and whether it occurred at a location where massage is provided;
- Whether the incident is related to massage services;
- What exactly was acted against (a permit, license, certificate, business license, operator’s permit, etc.);
- The specific action taken against you (for example - did you have a permit revoked, paid a fine, had a state license disciplined, had your application denied, etc.);
- The date of the citation or the date the action against you occurred;
- Identify the agency that took the action against you (city, county, state, etc.); and
- The stated reason for the action being taken against you (for example – a massage professional failed to properly cover a client, the business used an un-permitted or un-certified person to provide massage services, etc.); and
- Any other relevant information in your possession.

Please also provide copies of any documentation you have in relation to the action taken against you (for example – copies of administrative citations, judgments, receipts for fines paid, final decision letters from the agency that took action against you, etc.).

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Applicant History Section: Question 3

Select “Yes” if there is currently pending against you a complaint (such as an allegation of sexual misconduct, a lawsuit filed, an administrative citation, or a government complaint or summons issued) against your professional conduct or professional competence. This includes both administrative and civil actions.

If you select “Yes,” you will need to provide a written statement on a separate piece of paper included with your Application to explain each and every pending complaint in more detail. Please provide all of the following information for each pending complaint:

- The place where the formal complaint is pending (city, county, state, or country);
- The nature of the complaint and a detailed description of the incident that resulted in the complaint including the date of the incident;
- The location (name of business and address) where the incident that resulted in the complaint occurred, including identifying whether it occurred at a business that provides massage;
- Whether the incident is related to massage services;
- The agency that the complaint has been filed with;
- Any identifying information you have in relation to the complaint, such as case number, etc.;
- The current status of the complaint; and
- Any other relevant information in your possession.

Please also provide copies of any documentation you have in relation to the complaint.

Failure to fully disclose requested information is a violation of the law and is considered an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial of certification or revocation of certification.

Applicant History Section: Question 4

If you have ever had a complaint made against you, to either a business or to you directly, in relation to your conduct as a massage professional or in relation to a massage business that you own/operate, please answer "Yes."

If you select "Yes," you will need to provide a written statement on a separate piece of paper included with your application to explain each and every complaint made against you or a business you own/operate in more detail.

Please provide all of the following information for each complaint:

- Who made the complaint (for example – the client, the spouse of a client, the parent of a client, a neighbor, etc.);
- Who the complaint was made against (for example – you, a massage professional working at your establishment, etc.)
- The nature of the complaint and a detailed description of the incident that resulted in the complaint, including date of the incident;
- The location (name of business and address) where the incident that resulted in the complaint occurred, including identifying whether it occurred at a business that provides massage;
- The current status of the complaint including whether it has been resolved, and if so, how it was resolved; and
- Any other relevant information in your possession.

Failure to fully disclose requested information is a violation of the law and is considered an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial of certification or revocation of certification.

Applicant History Section: Question 5

Select "Yes" if, since the date you signed and dated your original application for certification, you have had charges filed against you for 647(b) – Prostitution, or an act punishable as a sexually related crime, or been required to register as a sex offender in California or another state.

If you select "Yes," you will need to provide a written statement on a separate piece of paper included with your Application to fully explain each and every incident in more detail. Please include the following information for each and every incident:

- The date of the incident(s) and date charge(s) were filed;
- The specific charge(s) filed;
- Where the incident took place;
- Whether the incident occurred at a business that provides massage;
- Whether the incident is related to massage services;
- The court location or jurisdiction; and
- Any resolution if the matter.

Please also provide copies of any documentation you have in relation to the incident(s).

Failure to fully disclose requested information is a violation of the law and is considered an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial of certification or revocation of certification.

Applicant History Section: Question 6

Select "Yes" if you have been convicted of any offense, other than one addressed in the Marijuana Reform Act. You are required to report all infractions, as well as misdemeanor and felony convictions, even if they have been adjudicated, dismissed, expunged.

If you select "Yes," you will need to provide a written statement on a separate piece of paper included with your Application to fully explain each and every conviction in more detail. Please include the following information for each and every conviction:

- The date of the incident(s) and conviction(s);
- The specific charge(s) convicted of;
- Where the incident took place;
- Whether the incident occurred at a business that provides massage;
- Whether the incident is related to massage services;
- The court location or jurisdiction;
- The sanctions, penalties, or probationary terms imposed and completion dates; and
- A description of the rehabilitative changes in your life that will enable you to avoid future occurrences.

Please also provide copies of any documentation you have in relation to the conviction(s).

The burden of proof is on you to demonstrate rehabilitation. Please see CAMTC's website at camtc.org for Criteria for Proof of Rehabilitation.

Failure to fully disclose requested information is a violation of the law and is considered an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial of certification or revocation of certification.

Applicant History Section: Question 7

Select "Yes" if you are or have ever been required to register as a sex offender in California or another state.

If you select "Yes," you will need to provide information for each and every registration in more detail. Please include the following information for each and every registration:

- The date of the incident(s) that led to registration;
- Where the incident took place;
- Whether the incident occurred at a business that provides massage;
- Whether the incident is related to massage services;
- Description of what happened in your own words;
- Identify the agency that took the action against you;
- The court location or jurisdiction;
- Description of what happened to lead to your registration;
- Date of conviction;
- The specific charge(s) convicted of;
- Note if this is a lifetime registration;
- Identify the location of registration, the registration date and period of registration;
- Any other information that you would like to share with CAMTC.

Please also provide copies of any documentation you have in relation to the registration(s).

Failure to fully disclose requested information is a violation of the law and is considered an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial of certification or revocation of certification.

APPLICANT AFFIDAVIT RECORD RELEASE

This is your statement of honesty, health, and integrity, and is legally binding once you sign and date your application. This statement allows the sharing of your Application information and background information between CAMTC and law enforcement agencies, government agencies, and other agencies that regulate massage. You must read the Affidavit carefully and agree with everything you affirm and state.

Please check the "Yes" boxes next to each separate paragraph of the Applicant Affidavit & Record Release to document your careful consideration of these contents prior to signature.

SIGN & DATE the APPLICATION

Make sure that your full name is entered at the beginning of the first line of the Applicant Affidavit and that you SIGN and DATE the application. MAKE A COPY OF THE SIGNED AND DATED APPLICATION FOR YOUR RECORDS.

The application MUST be completed, signed and dated no more than 45 days prior to receipt by CAMTC.

INCLUDE ANY SUPPORTING DOCUMENTATION

Attach any supporting documentation as needed to your completed application.

INCLUDE THE APPLICATION FEE

The recertification application processing fee for certificates expiring in 2018 is \$150 and includes a single copy of your CAMTC certificate and ID card (if granted). You are required to post an original certificate at each location where you work; therefore, if you work at more than one location you may request additional original certificates with your application. The fee is \$15 per original certificate. CAMTC will accept a CREDIT CARD, PERSONAL CHECK, CASHIER'S CHECK, or MONEY ORDER for \$150 plus any additional amounts added for additional original certificates, made payable to: California Massage Therapy Council. You can enter your credit card information where indicated on the application form. While CAMTC accepts PERSONAL CHECKS, please be aware that processing will be delayed, and you will be charged a processing fee should your payment be returned by the bank. The application processing fee is non-refundable. If you are certified, this fee provides for 2 FULL YEARS of CAMTC certification.

MAIL THE COMPLETED APPLICATION FORM & SUPPORTING DOCUMENTS TO:

**California Massage Therapy Council
Attention: Certification Support
One Capitol Mall, Suite 800
Sacramento, CA 95814**

If you want immediate confirmation that your application has been received by CAMTC, please send it via USPS mail with delivery confirmation and verify delivery on their website. Otherwise, you should get an acknowledgement email when your Application is entered into our database (which can be 2 to 3 weeks after it arrives in our office).

Thank You!

Please share the benefits of CAMTC Certification with your fellow massage professionals. We welcome your feedback regarding the application process and encourage you to send your comments to: info@camtc.org.



CALIFORNIA MASSAGE THERAPY COUNCIL
2018 Recertification Application

Office Use Only

*For individuals with certificates
 expiring in 2018 ONLY*

**Use this form only if your current certificate expires in 2018 and you are applying for recertification.
 Applications sent using the wrong form will be returned.**

| | |
|--------------------------------------|---------------------------|
| 1. CAMTC ID Number: (if you know it) | CAMTC Certificate Number: |
|--------------------------------------|---------------------------|

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|---|----------------|----------------|--|
| 2. Your Full Legal Name & Date of Birth: | | | |
| First Name: | Middle Name: | Last Name: | Date of Birth: |
| 2a. Since the date you last submitted an application to CAMTC, have you been known by any other name? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "Yes" then please list all your other name(s): | | | |
| Other Name 2b. | Other Name 2c. | Other Name 2d. | Other Name 2e. |

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|--|--------------------------|--|--------|
| 3. Home Address & Contact Information: (P.O. boxes and mail drops may NOT be used here – only a physical home address) | | | |
| Street Address: | Apartment or Suite #: | City: | State: |
| Phone Numbers: Home: | Work: | Mobile: | Zip: |
| Primary Email Address: | Secondary Email Address: | Driver's License (or State ID) Number: | |

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| 4. Is your Mailing Address the same as your Home Address (above) where you live? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "No" then please provide your Mailing Address below; otherwise, you may leave this area blank. Your Application may be delayed, you may not receive your certificate or ID card, or you may be required to pay additional processing fees if you provide CAMTC with an incorrect Mailing Address. | | | |
| Mailing Address: | Apartment or Suite #: | City: | State: |
| | | Zip: | |

| | | | |
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| 5. Please provide the following BUSINESS INFORMATION for ALL locations where you currently provide Massage Therapy services. If you work at more than two (2) locations, please enter the additional locations on the attached "Recertification Supplement Sheet." | | | |
| 5a. Business Name: | | Primary Contact: | |
| Street: | City: | State: | Zip: |
| Business Phone: | Business Email: | Business Website: | |
| Please also indicate your status below. | | | Approximate Start Date: |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Paying for Use of Space | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Owner | <input type="checkbox"/> Employer | <input type="checkbox"/> Instructor | <input type="checkbox"/> Manager/Operator |

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|---|---|--|---|
| 5b. Business Name: | | Primary Contact: | |
| Street: | City: | State: | Zip: |
| Business Phone: | Business Email: | Business Website: | |
| Please also indicate your status below. | | | Approximate Start Date: |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Paying for Use of Space | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Owner | <input type="checkbox"/> Employer | <input type="checkbox"/> Instructor | <input type="checkbox"/> Manager/Operator |

| | | | | | | | |
|--|---|---|-------------------------|--|-------------------|--|--|
| 6. | Please provide all of your Previous Massage Work Locations within the past ten (10) years. If you have provided massage for compensation at more than two (2) massage locations within the past ten (10) years, please enter your additional previous work locations on the attached "Recertification Supplement Sheet." | | | | | | |
| 6a. | Business Name: | | | Primary Contact: | | | |
| Street: | | City: | | State: | | Zip: | |
| Business Phone: | | Business Email: | | Business Website: | | | |
| Please also indicate your status below. | | | Approximate Start Date: | | Approx. End Date: | | |
| <input type="checkbox"/> Employee | | <input type="checkbox"/> Independent Contractor | | <input type="checkbox"/> Paying for Use of Space | | <input type="checkbox"/> Self-Employed | |
| <input type="checkbox"/> Owner | | <input type="checkbox"/> Employer | | <input type="checkbox"/> Instructor | | <input type="checkbox"/> Other | |

| | | | | | | | |
|--|----------------|---|-------------------------|--|-------------------|--|--|
| 6b. | Business Name: | | | Primary Contact: | | | |
| Street: | | City: | | State: | | Zip: | |
| Business Phone: | | Business Email: | | Business Website: | | | |
| Please also indicate your status below. | | | Approximate Start Date: | | Approx. End Date: | | |
| <input type="checkbox"/> Employee | | <input type="checkbox"/> Independent Contractor | | <input type="checkbox"/> Paying for Use of Space | | <input type="checkbox"/> Self-Employed | |
| <input type="checkbox"/> Owner | | <input type="checkbox"/> Employer | | <input type="checkbox"/> Instructor | | <input type="checkbox"/> Other | |

APPLICANT HISTORY SECTION

A "Yes" answer to any of the following questions requires a separate written statement explaining in your own words all of the complete details (as requested in the instructions) regarding the incident(s) or event(s). All supporting documentation to a "Yes" answer must be attached to your recertification application at the time it is filed with the California Massage Therapy Council ("CAMTC"). CAMTC reserves the right to request additional documentation as needed.

Failure to fully disclose or provide all requested information is a violation of the law and is considered to be an attempt to procure a certificate by fraud, misrepresentation, or mistake, and is grounds for denial of an application or revocation of a CAMTC certificate.

| | | | |
|-----------|---|------------------------------|-----------------------------|
| 1. | Since the date you signed and dated your initial application for CAMTC certification, have you received an administrative or civil citation related to the practice of massage therapy or a massage therapy business or any other profession, or been denied or refused the renewal of a license, permit, certificate, or other authorization to practice massage therapy or related to a massage therapy business or any other profession, in any city, county, state, country, or jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Since the date you signed and dated your initial application for CAMTC certification, have you had a license, certificate, certificate of registration, permit, or other authorization for a massage therapy business, or to practice massage therapy, or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Since the date you signed and dated your initial application for CAMTC certification, have you had, or is there currently pending against you, in any city, county, state, country, or jurisdiction, a complaint against your professional conduct (sexual misconduct or otherwise) or professional competence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Are you aware of any complaints made against you to a business or made to you directly in relation to your conduct as a massage professional, or in relation to a massage therapy business you currently or in the past have owned or operated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Since the date you signed and dated your initial application for certification to CAMTC, have you had criminal charges filed against you for penal code section 647(b) - Prostitution or any act punishable as a sexually related crime, or been required to register as a Sex Offender in California or another state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. | Have you ever been convicted of any criminal offense? (You need not disclose any marijuana related offenses specified in the marijuana reform legislation and codified in the Health and Safety Code sections 11361.5 and 11361.7.) If "Yes," please explain fully as described in the instructions. ALL convictions MUST be reported even if they have been adjudicated, dismissed, or expunged. The definition of a "conviction" includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. You MUST include ALL convictions, including infractions, misdemeanor, and felony convictions. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. | Are you now, or have you ever been, required to register as a Sex Offender in California or another state? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

APPLICANT AFFIDAVIT RECORD RELEASE

ALL "Yes" Boxes Below Must Be Checked; PRINT Your Full Legal Name on the First Line

| | |
|---|------------------------------|
| <p>A. I, _____ ("the Applicant") hereby declare and reaffirm that, except for the new information contained herein or attached hereto, the information contained in my initial CAMTC application is still true and correct and I did not omit any relevant information in my initial CAMTC application.</p> | <input type="checkbox"/> Yes |
| <p>B. I understand that it is my duty and responsibility as an applicant for recertification to supplement and/or update my information with CAMTC when any change in circumstances or conditions occur which might affect CAMTC's decision concerning my eligibility for certification or recertification. I understand that if I am charged with Penal Code section 647(b) – Prostitution or any act punishable as a sexually related crime, or required to register as a sex offender in California or another state, I am required to immediately notify CAMTC of the fact that these charges have been filed against me and if/when I have been convicted of these or any other offenses. Failure to supplement and/or update my information may result in disciplinary action by CAMTC including but not limited to denial, suspension, or revocation of my certificate.</p> | <input type="checkbox"/> Yes |
| <p>C. I understand that it is my responsibility by law to provide CAMTC with any changes of home address, change of business address(es), change of primary email address, and addition of business address(es) within 30 days of any such change or additions, and that failure to report such changes or additions in a timely manner to CAMTC may result in disciplinary action by CAMTC, including but not limited to, denial, suspension, or revocation of my certificate.</p> | <input type="checkbox"/> Yes |
| <p>D. I understand and agree that my application for recertification may be denied based on unprofessional conduct if I practice massage at a massage establishment, or own a massage establishment, that advertises in any adult and/or sexually oriented section of any form of media, whether print or digital.</p> | <input type="checkbox"/> Yes |
| <p>E. I hereby authorize Law Enforcement Agencies (LEA), government agencies, and other massage related entities to release my records to CAMTC upon request and I hereby authorize CAMTC to share all information about me, whether provided by me or others, including personal information, with LEA, government agencies, and other massage related entities upon request. (Note: we will not sell or release personal information for marketing purposes.)</p> | <input type="checkbox"/> Yes |
| <p>F. I understand that if I am granted CAMTC certification, it is only for a period of two years, and it is my responsibility to submit a fully completed application for recertification and ensure that it is received by CAMTC before the expiration date listed on my certificate. I further understand that a reminder notification may be sent to me as a courtesy, but failure to receive the reminder notification does not waive my responsibility to submit a fully completed application for recertification and ensure that it is received before my current certificate expires. I further understand that failure to submit a fully completed application for recertification that is received by CAMTC before my certificate expires will result in a late fee if the application for recertification is received by CAMTC within six (6) months of my certificate expiring. I further understand that if a fully completed application for recertification is not received by CAMTC within six (6) months of my certificate expiring, I will be required to apply for certification as a new applicant and I will have to meet all of the requirements for certification that exist at the time I apply. I UNDERSTAND THAT UNDER NO CIRCUMSTANCES CAN THIS LATE FEE OR POLICY BE WAIVED.</p> | <input type="checkbox"/> Yes |
| <p>G. I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES AND RULES APPLICABLE TO THE PRACTICE OF MY PROFESSION IN CALIFORNIA.</p> | <input type="checkbox"/> Yes |
| <p>H. I understand that my recertification application fee is non-refundable regardless of the ultimate disposition of my application for recertification.</p> | <input type="checkbox"/> Yes |
| <p>I. I HAVE CAREFULLY READ THE FOREGOING QUESTIONS AND HAVE ANSWERED THEM COMPLETELY WITHOUT RESERVATION OF ANY KIND, AND I DECLARE UNDER PENALTY OF PERJURY, THAT MY ANSWERS AND ALL OF THE STATEMENTS MADE HEREIN AND PROVIDED IN SUPPORT OF THIS APPLICATION ARE COMPLETE, TRUE, AND CORRECT. Should I furnish any false information or fail to submit any relevant information in support of this application for recertification, I understand that such action shall constitute cause for denial, suspension, or revocation of my CAMTC Certificate.</p> | <input type="checkbox"/> Yes |

| | |
|--|--------------------|
| Signature: _____ | Date: _____ |
| <p align="center">This application MUST be signed and dated no more than 45 days prior to receipt by CAMTC. Applications received after this date will be returned.</p> | |

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PLEASE COMPLETE THE PAYMENT
INFORMATION ON THE NEXT PAGE

You must submit this completed recertification application form and a full non-refundable payment to CAMTC for us to begin review and processing. Incomplete applications forms, or forms submitted without payment, will be returned.

PAYMENT INFORMATION

I understand that the 2018 \$150 recertification processing fee only provides me with ONE original certificate, should I be certified. I am therefore requesting the following number of additional original certificates (\$15 for each original certificate), so that I may display an original certificate at each location where I provide massage services for compensation (by law you must display an original CAMTC certificate at each business location where you provide massage for compensation):

| | | | |
|------------------------------------|--|-----------------------|------------|
| Number of additional certificates: | | X \$15.00 = | \$ |
| | | | + \$150.00 |
| | | Late Fee (see below): | \$ |
| | | Total Amount: | \$ |

Late Fees: if your application for recertification is received by CAMTC after your certificate expires, you will need to include a late fee in addition to the non-refundable application processing fee. The late fee amount that is due depends on when your application is received. Please use the schedule below to determine the late fee that is due if you are applying after expiration:

- Up to 10 Days After Expiration: \$25.00
- Up to 29 Days After Expiration: \$40.00
- Up to 6 Months After Expiration: \$90.00

If your certificate has been expired for more than six months, you cannot apply for recertification and will need to start the certification process from the beginning. You will also need to meet all current Requirements to Certify (available on camtc.org) and use the correct Application for Certification (also on camtc.org). Please note that certification policies and requirements can change over time.

| Please Select Your Payment Method: | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Personal Check | <input type="checkbox"/> Cashier's Check | <input type="checkbox"/> Money Order | <input type="checkbox"/> Credit Card (below) |

| If you are paying by Credit Card, please provide the following information: | | | | | | | | | | | | |
|---|-------------------------------|-------------------------------------|---|-----------------------------------|--|-------------------------------|--|--|--|--|--|--|
| Card Type: | <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover | | | | | | | | |
| Name on Card: | | | Credit Card Number: | | | | | | | | | |
| Expiration Date: | | | CVV Code (on the back): | | | Credit Card Billing Zip Code: | | | | | | |

| | |
|---|---|
| Please mail this APPLICATION and any supporting documentation to: | California Massage Therapy Council Attention: Certification Support One Capitol Mall, Suite 800 Sacramento, CA 95814 |
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CALIFORNIA MASSAGE THERAPY COUNCIL Recertification Supplement Sheet

If needed, use this form as a supplement to your application for recertification

Use this form if you need more space to provide CAMTC with information about your current or previous work locations.

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| If you answered "Yes" to (5.) on your application for CAMTC recertification and need more space, please enter additional information about your CURRENT work locations here: | | | | | | | | | |
| 5c. | Business Name: | | | | Primary Contact: | | | | |
| Street: | | | | City: | | | State: | | Zip: |
| Business Phone: | | | Business Email: | | | Business Website: | | | |
| Please also indicate your status below. | | | | | | Approximate Start Date: | | | |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | | <input type="checkbox"/> Paying for Use of Space | | <input type="checkbox"/> Self-Employed | | <input type="checkbox"/> Manager/Operator | | |
| <input type="checkbox"/> Owner | | <input type="checkbox"/> Employer | | <input type="checkbox"/> Instructor | | | <input type="checkbox"/> Other | | |

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|--|---|-----------------------------------|--|-------------------------------------|--|-------------------------|---|--|------|
| 5d. | Business Name: | | | | Primary Contact: | | | | |
| Street: | | | | City: | | | State: | | Zip: |
| Business Phone: | | | Business Email: | | | Business Website: | | | |
| Please also indicate your status below. | | | | | | Approximate Start Date: | | | |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | | <input type="checkbox"/> Paying for Use of Space | | <input type="checkbox"/> Self-Employed | | <input type="checkbox"/> Manager/Operator | | |
| <input type="checkbox"/> Owner | | <input type="checkbox"/> Employer | | <input type="checkbox"/> Instructor | | | <input type="checkbox"/> Other | | |

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|--|---|-----------------------------------|--|-------------------------------------|--|-------------------------|---|--|------|
| 5e. | Business Name: | | | | Primary Contact: | | | | |
| Street: | | | | City: | | | State: | | Zip: |
| Business Phone: | | | Business Email: | | | Business Website: | | | |
| Please also indicate your status below. | | | | | | Approximate Start Date: | | | |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | | <input type="checkbox"/> Paying for Use of Space | | <input type="checkbox"/> Self-Employed | | <input type="checkbox"/> Manager/Operator | | |
| <input type="checkbox"/> Owner | | <input type="checkbox"/> Employer | | <input type="checkbox"/> Instructor | | | <input type="checkbox"/> Other | | |

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|--|---|-----------------------------------|--|-------------------------------------|--|-------------------|---|--|------|
| If you answered "Yes" to (6.) on your application for CAMTC recertification and need more space, please enter additional information about your PREVIOUS work locations here: | | | | | | | | | |
| 6c. | Business Name: | | | | Primary Contact: | | | | |
| Street: | | | | City: | | | State: | | Zip: |
| Business Phone: | | | Business Email: | | | Business Website: | | | |
| Please also indicate your status below. | | | | Approximate Start Date: | | Approx. End Date: | | | |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | | <input type="checkbox"/> Paying for Use of Space | | <input type="checkbox"/> Self-Employed | | <input type="checkbox"/> Manager/Operator | | |
| <input type="checkbox"/> Owner | | <input type="checkbox"/> Employer | | <input type="checkbox"/> Instructor | | | <input type="checkbox"/> Other | | |

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|--|---|-----------------------------------|--|-------------------------------------|--|-------------------|---|--|------|
| 6d. | Business Name: | | | | Primary Contact: | | | | |
| Street: | | | | City: | | | State: | | Zip: |
| Business Phone: | | | Business Email: | | | Business Website: | | | |
| Please also indicate your status below. | | | | Approximate Start Date: | | Approx. End Date: | | | |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | | <input type="checkbox"/> Paying for Use of Space | | <input type="checkbox"/> Self-Employed | | <input type="checkbox"/> Manager/Operator | | |
| <input type="checkbox"/> Owner | | <input type="checkbox"/> Employer | | <input type="checkbox"/> Instructor | | | <input type="checkbox"/> Other | | |

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|--|---|-----------------------------------|--|-------------------------------------|--|-------------------|---|--|------|
| 6e. | Business Name: | | | | Primary Contact: | | | | |
| Street: | | | | City: | | | State: | | Zip: |
| Business Phone: | | | Business Email: | | | Business Website: | | | |
| Please also indicate your status below. | | | | Approximate Start Date: | | Approx. End Date: | | | |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Independent Contractor | | <input type="checkbox"/> Paying for Use of Space | | <input type="checkbox"/> Self-Employed | | <input type="checkbox"/> Manager/Operator | | |
| <input type="checkbox"/> Owner | | <input type="checkbox"/> Employer | | <input type="checkbox"/> Instructor | | | <input type="checkbox"/> Other | | |