



CALIFORNIA MASSAGE THERAPY COUNCIL  
**2020** Application for Certification  
 Instructions

*For individuals applying in 2020 ONLY*

**Before starting the application process, please read ALL these instructions.  
 You must also understand and be ready to meet the current Requirements to Certify on camtc.org.**

**Use this Application for Certification form only if you are applying as a new applicant for CAMTC certification (if you are starting the process from the beginning). The Application for Certification form cannot be used for recertification. Applications sent using the wrong form will be returned.**

**If you have a valid CAMTC certificate or a certificate that has been expired for less than 18 months, you must use the correct Recertification Application (available on camtc.org) and cannot use this Application for Certification form.**

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

**Question 1: Have you read ALL the Application Instructions?**

After you read and understand all these application instructions, please indicate that you have done so by checking the "Yes" box.

**Question 2: Do you understand the qualifications and requirements for Massage Therapist Certification?**

If you have read and understand all CAMTC's Requirements to Certify (on camtc.org), please check the "Yes" box.

**Question 3: Your Full Legal Name: (must match Identification)**

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.

**Question 4: Home Address**

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.

**Question 5: 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.

If you receive mail at the same address that you provided in Question 4 (where you currently live), check the "Yes" box.

**Question 6: Mailing Address**

If you answered "No" to question 5, then please provide your mailing address here. Otherwise, you may leave question 6 blank.

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.

**Question 7: Phone Numbers**

Provide your home, work and mobile telephone numbers here. Be sure to include the correct area codes with each phone number, and any extension numbers when applicable.

**Question 8: Email Addresses**

By law, you are required to provide your primary email address, if you have one, and notify CAMTC of any change in your primary email address within 30 days of that change. Please enter the two (2) best email addresses where you can be reached by CAMTC. Your email address information is confidential and will be used exclusively for notification purposes related to CAMTC matters of importance to you. Please be sure to keep your email address current and to consistently check your emails for CAMTC updates and alerts.

**Question 9: Web Site**

If you have a business web site, check the “Yes” box and provide the web address URL of your web site.

If you affirm that you do not have a web site, check the “No” box.

**Question 10: Identification**

Please provide all the requested information exactly as it appears on your Driver's License or Official State ID. This information is necessary to verify the Live Scan Fingerprint Information received from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) after you submit your fingerprints through a Live Scan Service Provider. If you do not have a Driver's License or Official State ID, please provide a color copy of another form of government identification with a photo.

NOTE: It is your responsibility by law to provide CAMTC with any CHANGE OF EMAIL ADDRESS, CHANGE OF HOME ADDRESS, CHANGE OF BUSINESS ADDRESS, or ADDITION OF NEW BUSINESS LOCATIONS within 30 DAYS of any such change or addition. Failure to report such changes or additions in a timely manner to CAMTC may result in disciplinary action by CAMTC against you, including but not limited to revocation of certification.

**Question 11: Social Security Number**

Enter your social security number here. No dashes or hyphens are necessary.

**Question 12: Other Names**

Provide all other names that you have been known by. If your name has ever been legally changed as a result of marriage, divorce, or any other reason, you must disclose ALL of your previous legal names in full. You must also disclose all other names that you have ever been known as (“AKAs”) even if you have never legally changed your name to these AKAs.

Please be as accurate and complete as possible.

**Question 13: Place of Birth**

Enter the city where you were born as well as the state or province and country.

**Question 14: CAMTC Certification**

If you have EVER been certified by the California Massage Therapy Council (CAMTC), check the “Yes” box. You must also provide your previous CAMTC certificate number if you have ever been certified by CAMTC.

If you have never been certified by CAMTC, check the “No” box.

**Question 15: Licenses, Registrations, Permits, Etc.**

Please check “Yes” if you have ever held or currently hold any kind of massage permit, license, certification, registration, or other authorization for you personally to provide massage for compensation, or for any other profession, or if you have had a permit, license, registration, or other authorization for a massage business. This includes, but is not limited to:

- Local massage permits to provide massage for compensation;
- State, local, or national licenses, certificates or permits for professional activity such as: manicure, cosmetology, esthetician, medical doctor, nurse, acupuncture, chiropractic, physical therapy, or other medical activity;
- Business licenses for your massage businesses;
- Any other authorization for your massage businesses including a local permit, operator's permit, or certificate of registration.

Please enter your permit or license number(s). If you currently hold a state license in massage therapy from another U.S. state or Canadian province, or hold a license or permit from another country, you should include a photocopy of your out-of-state license or permit with your application. Massage licenses issued by countries other than the U.S. do not, by themselves, qualify you for certification. Massage licenses issued by other U.S. states MAY qualify you for certification.

You may have several permits, certificates, or licenses, and all of these should be included. If you have more than 3 licenses, certificates, or permits to report to CAMTC, please include the additional license(s) or permit(s) information on a separate piece of paper included with your Application. Under “License or Authorization Status,” make sure you indicate whether your license, registration, certification or permit is “Active” or “Inactive,” and provide a reason if “Inactive.”

**Question 16: Have you COMPLETED 500 HOURS or more of Massage Therapy education from CAMTC approved schools?**

If you have completed 500 or more hours of massage therapy education at a CAMTC approved school program, please check the “Yes” box here.

If you have not completed more than 500 hours at a CAMTC approved school program, check the “No” box.

CAMTC maintains a list of approved school programs on our website at [camtc.org](http://camtc.org)

**Question 17: Are all the school(s) you attended still in business?**

If all the schools where you received massage therapy education are still open and doing business, please check the “Yes” box here.

If one or more schools where you received massage therapy education have closed or gone out of business, check the “No” box.

**Question 18: Are all the school(s) you attended in California?**

If all the schools where you received massage therapy education are in the state of California, check the “Yes” box.

If one or more schools where you received massage therapy education were not in California, check the “No” box.

**Question 19: Massage Therapy Schools in California**

Please make sure to identify every massage school and massage program you have attended in California, regardless of when you attended the school or its current status with CAMTC.

CAMTC reserves the right to require additional proof of adequate education, beyond a diploma and transcript, in any situation where it has a reason to question whether the applicant received all the education listed on the transcript.

If your school has closed, been purged, been denied CAMTC school approval, or is a school with a long pending application for school approval you may still be able to use your education from that school to meet the educational requirements for certification under certain circumstances.

**Question 20: Other Schools**

Provide the requested information about massage schools that you have attended that are now closed, have changed their name, or are OUTSIDE of California. Attach an additional page if needed. Include all schools attended, even if in another state or country.

**Question 21: Hours of Education from ALL CAMTC approved Massage Therapy Schools/Programs:**

Please enter the total documented hours of education from ALL CAMTC approved massage therapy school programs you have attended.

When calculating the total number of documented hours of education from CAMTC approved schools, please DO NOT include hours of “continuing education” received from any source.

**Question 22: CAMTC Approved Exams – OPTIONAL**

You may leave this question blank, or you may voluntarily indicate if you have passed any of the listed CAMTC approved exams.

**Please note that the California legislature has made the examination requirement inoperative from January 1, 2019, until January 1, 2021. Therefore, passage of a CAMTC exam is not currently required for certification in 2020.**

**Question 23: Current Work Locations**

If you are currently working in the field of massage therapy on paying clients, please check the “Yes” box and 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).

If you are not currently working in the field of massage therapy on paying clients, check “No”.

**Question 24: Prospective Employer**

If you are in the process of seeking employment or being hired in the field of massage therapy, provide the requested information about your prospective employer here.

If you are not in the process of seeking employment or being hired, you may leave this section blank.

**Question 25: Previous Work Locations**

If you have previously worked in the field of massage therapy on paying clients, please check the “Yes” box and 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.

**Question 26: Previous Residential Locations**

Provide all your home addresses (where you have lived) within the past ten years.

**Question 27: Applicant History Section**

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 lead 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.**

**Question 28: Applicant History Section**

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.

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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**Question 29: Applicant History Section**

Select "Yes" if there is currently pending against you a formal complaint (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.

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**Question 30: Applicant History Section**

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.

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**Question 31: Applicant History Section**

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](http://camtc.org) for Criteria for Proof of Rehabilitation.

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**Question 32: Applicant History Section**

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 upload copies of any documentation you have in relation to the registration(s).

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**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. 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.

**ATTACH YOUR PASSPORT PHOTO**

Carefully print your full name and driver's license number on the back of your passport photo, then use one piece of double-sided tape (or roll a piece of single-sided tape back on itself) to attach your photo to the photo box on the application.

**INCLUDE a PHOTOCOPY of YOUR DRIVER'S LICENSE or GOVERNMENT ISSUED ID**

Make a good, legible photocopy of the front of your driver's license or government issued ID and send it with your completed Application.

**INCLUDE ANY SUPPORTING DOCUMENTATION**

Attach any supporting documentation as needed to your completed Application.

**INCLUDE THE APPLICATION FEE**

The application processing fee is \$200 and includes a single copy of your CAMTC certificate (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 \$30 per original certificate. CAMTC will accept a CREDIT CARD, PERSONAL CHECK, CASHIER'S CHECK, or MONEY ORDER for \$200 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 \$50 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.

**GET YOUR LIVE SCAN FINGERPRINTS COMPLETED**

This is a separate process that you MUST do to become a Certified Massage Therapist (CMT). You will need to print and complete a "Live Scan Request" form, and bring that form with you to one of the Live Scan Locations listed at <https://oag.ca.gov/fingerprints/locations>.

A Live Scan Request form may have been included with your application and can also be downloaded from [camtc.org](http://camtc.org).

Expect to pay a one-time fee of approximately eighty to ninety dollars (\$80 - \$90) to the Live Scan Vendor.

**MAIL THE COMPLETED APPLICATION FORM & SUPPORTING DOCUMENTS TO:**

**CAMTC  
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](mailto:info@camtc.org).





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**2020** Application for Certification

Office Use Only

*For individuals applying in 2020 ONLY*

**Use this form only if you are applying in 2020 and you are starting from the beginning (not recertifying).  
 Applications sent using the wrong form will be returned.**

|    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | Have you read ALL the Application Instructions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----|---|------------------------------|-----------------------------|

|    |  |                              |                             |
|----|--|------------------------------|-----------------------------|
| 2. | Do you understand the qualifications and requirements for Massage Therapist Certification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----|--|------------------------------|-----------------------------|

|             |  |            |  |
|-------------|--|------------|--|
| 3.          | Your Full Legal Name: <b>(must match Identification)</b> |            |  |
| First Name: | Middle Name:   | Last Name: |  |

|                 |  |      |  |
|-----------------|--|------|--|
| 4.              | Home Address: <b>(Note: Post Office boxes and mail drops may NOT be used here – only your physical home address)</b> |      |  |
| Street Address: | Apartment or Suite #:  |      |  |
| City:           | State:   | Zip: |  |

|    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 5. | Is your Mailing Address the same as your Home Address (above) where you live? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----|---|------------------------------|-----------------------------|

|    |   |  |  |
|----|---|--|--|
| 6. | If you answered “No” to question (5.) above, then please provide your Mailing Address below; otherwise, you may leave question (6.) 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: |  |

|       |                |         |  |
|-------|----------------|---------|--|
| 7.    | Phone Numbers: |         |  |
| Home: | Work:          | Mobile: |  |

|                        |  |  |  |
|------------------------|--|--|--|
| 8.                     | Email Addresses: <b>(By law, your email address must be provided if you have one; for use by CAMTC only)</b> |  |  |
| Primary Email Address: |  |  |  |
| Second Email Address:  |  |  |  |

|    |                         |                              |                             |
|----|-------------------------|------------------------------|-----------------------------|
| 9. | Do you have a web site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|----|-------------------------|------------------------------|-----------------------------|

|  |         |
|--|---------|
| If you answered “Yes”, please provide the URL: | http:// |
|--|---------|

|     |   |  |  |
|-----|---|--|--|
| 10. | <b>California Driver’s License or Official State Identification Information: please provide all the following information exactly as it appears on your Driver’s License or Official State ID. This information is necessary to verify the Live Scan Fingerprint Information received from the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) after you submit your fingerprints through a Live Scan Service Provider (see Application Instructions). If you do not have a Driver’s License or Official State ID, please skip this question and continue to question (11.) below.</b> |  |  |
|-----|---|--|--|

|                             |                       |         |                               |                                 |
|-----------------------------|-----------------------|---------|-------------------------------|---------------------------------|
| Driver’s License/ID Number: | Expiration Date:      | Gender: | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Date of Birth:              | Height:               | Weight: | Eye Color:                    | Hair Color:                     |
| Street Address:             | Apartment or Suite #: |         |                               |                                 |
| City:                       | State:                | Zip:    |                               |                                 |

|     |                         |  |  |  |  |  |  |  |  |
|-----|-------------------------|--|--|--|--|--|--|--|--|
| 11. | Social Security Number: |  |  |  |  |  |  |  |  |
|-----|-------------------------|--|--|--|--|--|--|--|--|

|     |  |                              |                             |
|-----|--|------------------------------|-----------------------------|
| 12. | Have you ever changed your name through marriage or through the action of a court, used another name in your massage profession, or ever been known by any other name? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|-----|--|------------------------------|-----------------------------|

**If you answered “Yes” to (12.), please list all your other name(s):**

|                 |                 |
|-----------------|-----------------|
| Other Name 12a. | Other Name 12b. |
| Other Name 12c. | Other Name 12d. |

**Please enter additional names on the attached “Application Supplement Sheet.”**

|            |                 |                    |  |          |
|------------|-----------------|--------------------|--|----------|
| <b>13.</b> | Place of Birth: |                    |  |          |
| City:      |                 | Province or State: |  | Country: |

|  |   |                              |                             |
|--|---|------------------------------|-----------------------------|
| <b>14.</b>   | Have you ever been certified by the California Massage Therapy Council? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>If you answered "Yes" to (14.) above, please provide your CAMTC certificate number:</b> |   |                              |                             |

|            |  |                              |                             |
|------------|--|------------------------------|-----------------------------|
| <b>15.</b> | Do you now hold or have you ever held any license (massage related, medical, or other professional), or any registration, certification, or other authorization to practice Massage Therapy or any other profession, or license, certificate, permit, or other authorization for a massage therapy business, in any city or county in any state or province, U.S. territory, or foreign country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|--|------------------------------|-----------------------------|

**If you answered "Yes" to (15.) above, please list all your massage therapy business, Massage Therapy, and other professional registrations, permits, certificates, licenses, or other authorizations, including your Registration, Permit, Certificate, or License Number; first date of issuance; date of expiration; City; State or Province; country of issuance; and license status. Attach an additional page if needed. If your registration, permit, certificate, or license is currently inactive, please provide the Reason for Inactivity:**

|                                  |                                 |                                   |                        |
|----------------------------------|---------------------------------|-----------------------------------|------------------------|
| <b>15a.</b>                      | License #:                      | Type:                             | Date of Issuance:      |
| City:                            | Province or State:              | Country:                          |                        |
| License or Authorization STATUS: | <input type="checkbox"/> Active | <input type="checkbox"/> Inactive | Reason for Inactivity: |
|                                  |                                 |                                   | Expiration:            |
| <b>15b.</b>                      | License #:                      | Type:                             | Date of Issuance:      |
| City:                            | Province or State:              | Country:                          |                        |
| License or Authorization STATUS: | <input type="checkbox"/> Active | <input type="checkbox"/> Inactive | Reason for Inactivity: |
|                                  |                                 |                                   | Expiration:            |
| <b>15c.</b>                      | License #:                      | Type:                             | Date of Issuance:      |
| City:                            | Province or State:              | Country:                          |                        |
| License or Authorization STATUS: | <input type="checkbox"/> Active | <input type="checkbox"/> Inactive | Reason for Inactivity: |
|                                  |                                 |                                   | Expiration:            |

|            |  |                              |                             |
|------------|--|------------------------------|-----------------------------|
| <b>16.</b> | Have you COMPLETED 500 HOURS or more of Massage Therapy education from CAMTC approved schools? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|--|------------------------------|-----------------------------|

|            |   |                              |                             |
|------------|---|------------------------------|-----------------------------|
| <b>17.</b> | Are all the school(s) you attended still in business? (If your answer is "No", please also complete question (20.) for those schools that are no longer in business.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|---|------------------------------|-----------------------------|

|            |   |                              |                             |
|------------|---|------------------------------|-----------------------------|
| <b>18.</b> | Are all the school(s) you attended in California? (If your answer is "No", please also complete question (20.) for those schools that are not in California.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|---|------------------------------|-----------------------------|

|  |  |        |      |
|--|--|--------|------|
| <b>19.</b>   | <b>Please identify all Massage Therapy Schools that you attended in California, including program attended, start date, end date and total number of hours of attendance at EACH school, even if the school is not a CAMTC approved school; attach an additional page if needed. Applicants from some schools may be required to provide additional documentation.</b> |        |      |
| <b>19a.</b>  | <b>School #1 Name:</b>   |        |      |
| Address:   | City:  | State: | Zip: |
| Name of Program:   |  |        |      |
| Date Started Program:  | Date Completed Program (Graduation Date):  |        |      |
| Total number of documented hours of education completed at this school in this program:                        |  |        |      |
| <b>If you did not provide a graduation date, please type in your own brief explanation for non-graduation.</b> |  |        |      |
| Explanation:   |  |        |      |

|  |   |        |      |
|--|---|--------|------|
| <b>19b.</b>  | <b>School #2 Name:</b>                    |        |      |
| Address:   | City:                                     | State: | Zip: |
| Name of Program:   |   |        |      |
| Date Started Program:  | Date Completed Program (Graduation Date): |        |      |
| Total number of documented hours of education completed at this school in this program:                        |   |        |      |
| <b>If you did not provide a graduation date, please type in your own brief explanation for non-graduation.</b> |   |        |      |
| Explanation:   |   |        |      |

|                                      |   |  |                 |      |  |
|--------------------------------------|---|--|-----------------|------|--|
| <b>20.</b>                           | <b>If you attended a school or schools that are now closed, have changed their name, or are OUTSIDE of California, please provide the following additional information about each school. Attach an additional page if needed. Include all schools attended, even if in another state or country.</b> |  |                 |      |  |
| Full Name of Massage Therapy School: |   |  | Country:        |      |  |
| Street:                              | City:   |  | State:          | Zip: |  |
| School Phone:                        | School Email:   |  | School Website: |      |  |

|            |   |              |  |
|------------|---|--------------|--|
| <b>21.</b> | <b>Please enter the TOTAL DOCUMENTED HOURS of Education from ALL CAMTC approved Massage Therapy Schools/Programs you have attended:</b> | Total Hours: |  |
|------------|---|--------------|--|

|                                |  |                                 |   |
|--------------------------------|--|---------------------------------|---|
| <b>22.</b>                     | <b>OPTIONAL: you may indicate if you have passed any of the following CAMTC approved exams. Please note that passage of a CAMTC approved exam is NOT required for certification in 2020.</b> |                                 |   |
| <input type="checkbox"/> MBLEx | <input type="checkbox"/> BCETMB  | <input type="checkbox"/> NYSMTE | <input type="checkbox"/> NCETM or <input type="checkbox"/> NCETMB (on or before February 1, 2015) |
| Pass Date:                     |  |                                 |   |

|            |   |                              |                             |
|------------|---|------------------------------|-----------------------------|
| <b>23.</b> | Are you currently WORKING in the field of Massage Therapy on paying clients (excluding intern/externships)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|---|------------------------------|-----------------------------|

**If you answered "Yes" to (23.) above, then please provide the following 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). If you work at more than two (2) locations, please enter the additional locations on the attached "Application Supplement Sheet."**

|  |   |  |  |
|--|---|--|--|
| <b>23a.</b>                                    | Business Name:                                  | Primary Contact:                                 |  |
| Street:  | City:   |  | State: Zip:                            |
| Business Phone:                                | Business Email:                                 | Business Website:                                |  |
| <b>Please also indicate your status below.</b> |   |  | 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"/> Other         |

|  |   |  |  |
|--|---|--|--|
| <b>23b.</b>                                    | Business Name:                                  | Primary Contact:                                 |  |
| Street:  | City:   |  | State: Zip:                            |
| Business Phone:                                | Business Email:                                 | Business Website:                                |  |
| <b>Please also indicate your status below.</b> |   |  | 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"/> Other         |

|  |   |  |  |
|--|---|--|--|
| <b>24.</b>                                     | Prospective Employer (if any):                  |  |  |
| Business Name:                                 | Primary Contact:                                |  |  |
| Street:  | City:   |  | State: Zip:                            |
| Business Phone:                                | Business Email:                                 | Business Website:                                |  |
| <b>Please also indicate your status below.</b> |   |  | 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"/> Other         |

|            |  |                              |                             |
|------------|--|------------------------------|-----------------------------|
| <b>25.</b> | Have you previously worked in the field of Massage Therapy on paying clients (excluding intern/externships)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------|--|------------------------------|-----------------------------|

**If you answered "Yes" to (25.) above, then 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 "Application Supplement Sheet."**

|  |   |  |  |
|--|---|--|--|
| <b>25a.</b>                                    | Business Name:                                  | Primary Contact:                                 |  |
| Street:  | City:   |  | State: Zip:                            |
| Business Phone:                                | Business Email:                                 | Business Website:                                |  |
| <b>Please also indicate your status below.</b> |   |  | 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         |

|  |   |  |  |   |  |      |  |
|--|---|--|--|---|--|------|--|
| <b>25b.</b>                                    | Business Name:                                  |  | Primary Contact:                       |   |  |      |  |
| Street:  |   | City:  |  | State:                                    |  | Zip: |  |
| Business Phone:                                |   | Business Email:                                  |  | Business Website:                         |  |      |  |
| <b>Please also indicate your status below.</b> |   | 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         |   |  |      |  |

|             |   |  |       |  |        |  |      |  |
|-------------|---|--|-------|--|--------|--|------|--|
| <b>26.</b>  | <b>Please provide all of your Previous Residential Locations for the past ten (10) years. If you have lived in more than two (2) locations within the past ten (10) years, please enter your additional locations on the attached "Application Supplement Sheet."</b> |  |       |  |        |  |      |  |
| <b>26a.</b> | Street:   |  | City: |  | State: |  | Zip: |  |
| <b>26b.</b> | Street:   |  | City: |  | State: |  | Zip: |  |

**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 initial application at the time you file your application with CAMTC. CAMTC may 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 certificate.**

|            |  |                              |                             |
|------------|--|------------------------------|-----------------------------|
| <b>27.</b> | Have you ever 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 |
| <b>28.</b> | Have you ever had a license, certificate, certification 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 |
| <b>29.</b> | Have you ever 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 |
| <b>30.</b> | Are you aware of any complaints made against you in relation to your conduct as a massage professional or in relation to a massage therapy business you currently or have ever owned or operated? Include all complaints made to any source, including a massage business or you directly.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>31.</b> | 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. 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, misdemeanors, and felonies. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>32.</b> | 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**

|           |  |                              |
|-----------|--|------------------------------|
| <b>A.</b> | I, _____ ("the Applicant"), affirm that I am the person referred to in the foregoing CAMTC Certification Application, and that the attached passport photograph is less than sixty (60) days old and is a true likeness of myself.   | <input type="checkbox"/> Yes |
| <b>B.</b> | I further affirm that I am in good health and not suffering from any mental or physical health condition that might affect my own personal health and safety in performing Massage Therapy, or that might affect the personal health and safety of my Massage Therapy clients. | <input type="checkbox"/> Yes |

|   |                          |  |  |
|---|--------------------------|--|--|
| C. I understand that it is my duty and responsibility as an applicant for CAMTC Certification per CA Business and Professions Code section 4600 et. seq. to fully disclose all requested information and to supplement and/or update my Application after it has been submitted and to update my information and notify CAMTC when I am a certificate holder, if and when any change in circumstances or conditions occurs which might affect CAMTC's decision concerning my eligibility for Certification. 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.  | <input type="checkbox"/> | Yes  |  |
| D. I understand that it is my responsibility by law to provide CAMTC with any CHANGE OF HOME ADDRESS, any CHANGE OF PRIMARY EMAIL ADDRESS, any CHANGE OF BUSINESS ADDRESS, and to notify CAMTC of additional business locations where I provide massage services for compensation within 30 DAYS of any such change or addition, and that failure to report such changes or additions in a timely manner to CAMTC may result in disciplinary action by CAMTC against me, including but not limited to, revocation of my Certification. I also understand that I may be required to provide a copy of, or other evidence of my Certification to local cities and counties in California if requested, and that I may be required to obtain a business license to practice my profession unless I am a W-2 employee.  | <input type="checkbox"/> | Yes  |  |
| E. I understand that it is my responsibility by law to include the name under which I am certified and my certificate number in any and all advertising, including but not limited to business cards and websites, and I shall display an original certificate at my place(s) of business.  | <input type="checkbox"/> | Yes  |  |
| F. 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.)   | <input type="checkbox"/> | Yes  |  |
| G. I understand and agree that CAMTC may consider applicants (and re-certifications) practicing massage in an establishment that advertises in any adult and/or sexually oriented section of any form of media whether printed or digital, and applicants (and re-certifications) who own a massage establishment that advertises in any adult and/or sexually oriented section of any form of media, whether printed or digital, to be engaged in unprofessional conduct. I further understand and agree that a finding of unprofessional conduct may preclude certification or re-certification.  | <input type="checkbox"/> | Yes  |  |
| H. 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 re-certification 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 re-certification and ensure that it is received before my current certificate expires. I further understand that failure to submit a fully completed application for re-certification that is received by CAMTC before my certificate expires will result in a late fee if the application for re-certification is received by CAMTC within 18 months of my certificate expiring. I further understand that if a fully completed application for re-certification is not received by CAMTC within 18 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 request re- certification. I UNDERSTAND THAT UNDER NO CIRCUMSTANCES CAN THIS LATE FEE OR POLICY BE WAIVED. | <input type="checkbox"/> | Yes  |  |
| I. I HAVE CAREFULLY READ THE QUESTIONS IN THE FOREGOING APPLICATION AND HAVE ANSWERED THEM COMPLETELY, WITHOUT RESERVATION OF ANY KIND, AND I DECLARE, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT MY ANSWERS AND ALL STATEMENTS MADE BY ME HERE IN AND IN SUPPORT OF THIS APPLICATION ARE COMPLETE, TRUE, AND CORRECT. Should I furnish any false information on or in support of this Application, or fail to fully provide all requested information, I understand that such action shall constitute cause for denial, suspension, revocation, or action against my CAMTC certification.  | <input type="checkbox"/> | Yes  |  |
| J. I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES AND RULES APPLICABLE TO THE PRACTICE OF MY PROFESSION IN CALIFORNIA.  | <input type="checkbox"/> | <p style="text-align: center;"><b>PLEASE TAPE YOUR<br/>2" x 2" RECENT<br/>PASSPORT PHOTO HERE</b></p> <p><b>Use one small piece of double-sided tape on the back of your photo and please remember to print your Name and Driver's License Number on the back of your photo.</b></p> |  |
| K. I understand that my application cannot be withdrawn, and the Fee is non-refundable regardless of the ultimate disposition of my application.  | <input type="checkbox"/> |  |  |
| L. I understand that if my Application is not complete and submitted with all required documents, it will be purged 1 year from the date of receipt. Once it is purged, I understand that I will need to start the entire process over, including paying the application fee, submitting Live Scan prints, securing official transcript(s), etc.  | <input type="checkbox"/> |  |  |
| <b>Signature:</b>   |                          | <b>Date:</b>   |  |
| <b>This application MUST be signed and dated no more than 45 days prior to receipt by CAMTC<br/>Applications received after this date will be returned.</b>   |                          |  |  |

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**PLEASE COMPLETE THE PAYMENT**  
**INFORMATION ON THE NEXT PAGE**

**You must submit this completed 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 \$200 application processing fee only provides me with ONE original certificate, should I be certified. I am therefore requesting the following number of additional original certificates (\$30 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 \$30.00 =   | \$         |
|   |  |               | + \$200.00 |
|   |  | Total Amount: | \$         |

| 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 including photo, fee, transcripts, and any supporting documentation to: | <b>California Massage Therapy Council<br/>Attention: Certification Support<br/>One Capitol Mall, Suite 800<br/>Sacramento, CA 95814</b> | <b>NOTE:</b> Your Live Scan Fingerprint results should be forwarded automatically to CAMTC after you complete the Live Scan Fingerprint process. |
|--|---|--|







CALIFORNIA MASSAGE THERAPY COUNCIL  
Application Supplement Sheet

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

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

|   |  |                        |  |
|---|--|------------------------|--|
| <b>If you answered "Yes" to (12.) on your application for CAMTC certification and need more space, please enter additional names you have been known by here:</b> |  |                        |  |
| Other Name <b>12e.</b>  |  | Other Name <b>12f.</b> |  |
| Other Name <b>12g.</b>  |  | Other Name <b>12h.</b> |  |
| Other Name <b>12i.</b>  |  | Other Name <b>12j.</b> |  |

|  |   |  |                                     |  |   |                         |      |
|--|---|--|-------------------------------------|--|---|-------------------------|------|
| <b>If you answered "Yes" to (23.) on your application for CAMTC certification and need more space, please enter additional information about your CURRENT work locations here:</b> |   |  |                                     |  |   |                         |      |
| <b>23c.</b>  | Business Name:                                  |  |                                     | Primary Contact:                       |   |                         |      |
| Street:  |   |  |                                     | City:                                  | State:                                    |                         | Zip: |
| Business Phone:  |   |  |                                     | Business Email:                        | Business Website:                         |                         |      |
| <b>Please also indicate your status below.</b>   |   |  |                                     |  |   | 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            |                         |      |

|  |   |  |                                     |  |   |                         |      |
|--|---|--|-------------------------------------|--|---|-------------------------|------|
| <b>23d.</b>                                    | Business Name:                                  |  |                                     | Primary Contact:                       |   |                         |      |
| Street:  |   |  |                                     | City:                                  | State:                                    |                         | Zip: |
| Business Phone:                                |   |  |                                     | Business Email:                        | Business Website:                         |                         |      |
| <b>Please also indicate your status below.</b> |   |  |                                     |  |   | 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            |                         |      |

|  |   |  |                                     |  |   |                         |      |
|--|---|--|-------------------------------------|--|---|-------------------------|------|
| <b>23e.</b>                                    | Business Name:                                  |  |                                     | Primary Contact:                       |   |                         |      |
| Street:  |   |  |                                     | City:                                  | State:                                    |                         | Zip: |
| Business Phone:                                |   |  |                                     | Business Email:                        | Business Website:                         |                         |      |
| <b>Please also indicate your status below.</b> |   |  |                                     |  |   | 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            |                         |      |

|   |   |  |                                     |  |   |                   |      |
|---|---|--|-------------------------------------|--|---|-------------------|------|
| <b>If you answered "Yes" to (25.) on your application for CAMTC certification and need more space, please enter additional information about your PREVIOUS work locations here:</b> |   |  |                                     |  |   |                   |      |
| <b>25c.</b>   | Business Name:                                  |  |                                     | Primary Contact:                       |   |                   |      |
| Street:   |   |  |                                     | City:                                  | State:                                    |                   | Zip: |
| Business Phone:   |   |  |                                     | Business Email:                        | Business Website:                         |                   |      |
| <b>Please also indicate your status below.</b>  |   |  |                                     | 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            |                   |      |

|  |   |  |                                     |  |   |                   |      |
|--|---|--|-------------------------------------|--|---|-------------------|------|
| <b>25d.</b>                                    | Business Name:                                  |  |                                     | Primary Contact:                       |   |                   |      |
| Street:  |   |  |                                     | City:                                  | State:                                    |                   | Zip: |
| Business Phone:                                |   |  |                                     | Business Email:                        | Business Website:                         |                   |      |
| <b>Please also indicate your status below.</b> |   |  |                                     | 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            |                   |      |

|  |   |  |  |   |
|--|---|--|--|---|
| <b>25e.</b>                                    | Business Name:                                  |  | Primary Contact:                       |   |
| Street:  |   | City:  |  | State:                                    |
| Business Phone:                                |   | Business Email:                                  |  | Business Website:                         |
| <b>Please also indicate your status below.</b> |   | 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         |   |

**If you answered "Yes" to (26.) on your application for CAMTC certification and need more space, please enter additional information about PREVIOUS home residential addresses here:**

|             |                 |  |                       |      |
|-------------|-----------------|--|-----------------------|------|
| <b>26c.</b> | Street Address: |  | Apartment or Suite #: |      |
|             | City:           |  | State:                | Zip: |

|             |                 |  |                       |      |
|-------------|-----------------|--|-----------------------|------|
| <b>26d.</b> | Street Address: |  | Apartment or Suite #: |      |
|             | City:           |  | State:                | Zip: |

|             |                 |  |                       |      |
|-------------|-----------------|--|-----------------------|------|
| <b>26e.</b> | Street Address: |  | Apartment or Suite #: |      |
|             | City:           |  | State:                | Zip: |

|             |                 |  |                       |      |
|-------------|-----------------|--|-----------------------|------|
| <b>26f.</b> | Street Address: |  | Apartment or Suite #: |      |
|             | City:           |  | State:                | Zip: |



CALIFORNIA MASSAGE THERAPY COUNCIL  
**2020** Application Checklist

**Please review this checklist before submitting your CAMTC application for certification as a Certified Massage Therapist (CMT):**

- 1. Always verify that you are using the correct version of the application form, which is available for download on [camtc.org](http://camtc.org).**
  - Individuals who have been previously certified by CAMTC and have a valid certificate OR have been expired for LESS than 18 months need to submit a Recertification Application and cannot use this application form. This form is only for individuals applying in 2020 who have NEVER been certified OR who have been expired for MORE than 18 months.
- 2. Make sure that you are ready to meet all the Requirements for Certification (also available on our website at [camtc.org](http://camtc.org)). Please note that requirements and policies can change over time.**
- 3. Find and gather together ALL your Massage School transcripts.**
  - If you can document 500 or more hours of Massage Therapy education, from CAMTC Approved schools, then you'll likely qualify for Certified Massage Therapist (CMT) certification. If you can't locate all your transcripts, you may still be able to document enough hours to qualify for CAMTC certification as a CMT.
- 4. Have Your Official School Transcripts Sent Directly to CAMTC.**
  - Call your school(s) to have your OFFICIAL SCHOOL TRANSCRIPT(s) sent directly to CAMTC at the address printed above. This is important. Don't send your own copies of school transcripts; the purpose of gathering your own copies of transcripts together is simply to calculate your total hours of documented education to complete question 21 of the Application. Your school(s) must send your OFFICIAL SCHOOL TRANSCRIPT(s) directly to CAMTC and may charge you a fee to do so. If you are unable to have official school transcripts sent from your school(s), please email [info@camtc.org](mailto:info@camtc.org).
- 5. Get Your Live Scan Fingerprints Completed in California.**
  - This is a separate process that you MUST do to become a Certified Massage Therapist (CMT). You will need to bring a completed "Live Scan Request" form with valid identification to a "Live Scan Vendors". Expect to pay a one-time fee of approximately eighty to ninety dollars (\$80 - \$90) to the Live Scan Vendor.
  - NOTE: Police and Sheriff stations may be more experienced in securing legible fingerprints.
  - CAMTC's Live Scan Request form is often included with the application form and can also be downloaded from our website at [camtc.org](http://camtc.org).
- 6. Pay Your Application Fee.**
  - CAMTC will accept a non-refundable PERSONAL CHECK, CASHIER'S CHECK, MONEY ORDER or CREDIT CARD payment in U.S. funds for the application processing fee, plus the fee for each additional original certificate requested, made payable to: California Massage Therapy Council. While CAMTC accepts PERSONAL CHECKS, please be on notice that your Application will be delayed, and you will be charged an additional processing fee, should your check be returned by the bank for any reason, including non-sufficient funds. If you are approved for certification, the application fee will provide TWO FULL YEARS of CAMTC certification as a CMT.
- 7. Get Your Passport Photo Taken.**
  - You'll need to include a recent (less than 60 days old) passport photo of yourself along with your completed Application. Don't take this picture yourself; instead, please locate a local vendor that advertises and specializes in passport photos to ensure that your photo is taken properly. Be sure to legibly print your name and Driver's License or Official State Identification number on the back of the photo that will be taped to your Application.
  - Your head must face the camera directly with full face in view.
  - You must have a neutral facial expression or a natural smile, with both eyes open.
  - Taken in the last 2 months.
  - Use a plain white or off-white background.
  - 2 x 2 inches (51 x 51 mm).
  - Head must be between 1 - 1 3/8 inches (25 - 35 mm) from the bottom of the chin to the top of the head.
  - Printed on matte or glossy photo quality paper.
  - Printed in color.
  - Your full face must be visible.

**8. Make a Good Photocopy of Your Driver's License or Official State Identification.**

- Make a good, clean photocopy of the front of your Driver's License or Official State Identification to include with your Application. You are required to send a clear copy of your driver's license, passport, military ID, or other government issued photo identification card with your Application for photo-matching purposes.

**9. Complete the Application.**

- You should now have all the information you need to complete your Application. After completing your Application (including, if necessary, the "Location Supplement Sheet"), you will read the "Applicant Affidavit & Release" and check the "Yes" boxes to the right of each paragraph, to verify that you've read and completely understood your affidavit. You will then sign and date the Application, tape your recent 2" x 2" passport photo with a white background to your Application using one piece of double-sided tape, include a good photocopy of your driver's license or government issued photo ID with your Application, and include your application processing fee. Also include any supporting documentation as needed. If you checked "Yes" to any of the questions numbered 27 through 32, make sure to include a written statement as requested.
- Make sure that you have filled out your application accurately and completely.
- You must sign the application. The date that you sign the application must be no more than 45 days prior to receipt by CAMTC.

**10. If you answered "Yes" to question 32 and are now, or have ever been, required to register as a Sex Offender in California or another state, 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) you were 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.

**11. Mail the completed Application with supporting documentation to CAMTC.**

- We strongly recommend that you make one full copy of your Application, including any additional documents, for your own records. CAMTC will contact you if further information or documentation is required to complete your Application. Before approving a certification, CAMTC reviews the applicant's education and professional credentials and conducts a background check, including checking for potential criminal history with the California Department of Justice and the Federal Bureau of Investigation, and administrative and civil citations with cities and counties. Some applications require additional review, including but not necessarily limited to consultations with local law enforcement agencies, investigation of the applicant's education and/or conviction history, and/or interviews with applicants. Processing times vary based on these factors. Once a decision has been made, you should be notified via regular mail. You will need to display an original CAMTC certificate (not a photocopy) at each work location.
- If you want confirmation that your Application has been received by CAMTC, we recommend that you send it via USPS mail with delivery confirmation and verify delivery on their website using your tracking number. 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).

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