

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way

Madison, WI 53705

Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>

Email: dsps@wisconsin.gov

Website: <http://dsps.wi.gov>

MASSAGE THERAPY AND BODYWORK THERAPY CREDENTIALING BOARD MASSAGE THERAPIST OR BODYWORK THERAPY PROGRAM CURRICULUM

APPLICANT: Complete this section and submit to certifying school for completion. Form must be returned directly from the school to the Department. Please note: If your school is not Wisconsin Educational Approval Program (EAP) approved, or is not a Wisconsin Technical College, you must ask school to submit official transcripts with this form.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (number/ street)	(city)	(state)	(zip code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Social Security Number (voluntary, for school use in locating your records)	Application Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations. I hereby authorize the school named below to provide the Department with the information requested below.

<input type="text"/>	<input type="text"/>
Applicant Signature (If unable to provide a digital signature, print and sign form.)	Date

CERTIFYING SCHOOL: Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

Enter the number of classroom hours of study applicant has completed in the seven (7) areas listed below. The total must be at least 600 hours.

Hours	
<input type="text"/>	Anatomy, Physiology, Pathology, Kinesiology (125 hours required)
<input type="text"/>	Business, Law, and Ethics (50 hours required) <input type="checkbox"/> Check if applicable. Includes at least 6 classroom hours in the laws of the State of Wisconsin and rules of the Department relating to the practice of massage therapy or bodywork. Wisconsin State Laws and Administrative Rules governing Massage Therapy and Bodywork Therapy <input type="checkbox"/> Check if applicable. Student has taken and passed the Wisconsin State Law and Administrative Rules examination.
<input type="text"/>	Massage Therapy or Bodywork Theory, Technique and Practice (300 required)
<input type="text"/>	Student Clinic (20 hours required)
<input type="text"/>	Adult CPR/AED and Standard First Aid (5 hours required)
<input type="text"/>	Additional Course Offerings Meeting Massage Therapy or Bodywork Course Objectives (Required) _____
<input type="text"/>	Total Hours Completed (must equal 600 hours or more)

AFFIDAVIT: I attest to the fact that the above-named applicant has completed at least 600 hours of classroom study, as indicated above, in a training program in massage therapy or bodywork therapy.

School Name	<input type="text"/>
Schl Address	<input type="text"/>

Continued on next page.

Wisconsin Department of Safety and Professional Services

Was school EAP approved at the time the applicant completed the course of study?

Yes No

Is this school a Wisconsin Technical College?

Yes No

Is this school accredited?

Yes No

Name of the accrediting body at the time applicant completed course of instruction: _____

Coursework Completion Date: / /

ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT: I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

/ /

Signature of Dean or Department Head

(If unable to provide a digital signature, please print and sign form.)

Date

- - Ext _____

Printed Name

Phone

Title