

NEW MEXICO MASSAGE THERAPY BOARD
 2550 CERRILLOS ROAD, SANTA FE, NM 87505 (PHYSICAL ADDRESS)
 P. O. Box 25101, SANTA FE, NM 87504
 PHONE: (505) 476-4870; FAX: (505) 476-4645
 Website: www.rld.state.nm.us
 E-mail: Massage.Board@state.nm.us

FORM A
TO BE COMPLETED BY MASSAGE THERAPY LICENSE
APPLICANT'S MASSAGE THERAPY SCHOOL

APPLICANT'S INFORMATION RELEASE *(This Section to be completed by the Applicant)*

Applicant to the School: In applying for a license as a Massage Therapist in the State of New Mexico, the Board of Massage Therapy requires that the Massage Therapy School where I received my massage therapy training complete this form. Please send this completed form directly to the above address along with an official transcript of the massage therapy training I completed at your school and I. (Faxes are not accepted.)			
APPLICANT'S SIGNATURE			DATE / /
PRINT NAME - LAST		FIRST	MIDDLE INITIAL
MAILING ADDRESS - No. & Street/P. O. Box			
CITY		STATE	ZIP CODE -
DATE OF BIRTH - -	HOME PHONE () -	BUSINESS OR MESSAGE PHONE () -	
Have you ever used a different name for school or employment? If Yes, what name(s)?			

DEFINITIONS FOR TERMS USED IN THIS FORM:

Class/Contact Hour – means no less than 50 minutes of any one-clock hour during which the student participated in a learning activity in the physical presence and tutelage of an instructor.

Clinical Practicum - means that a student is providing hands-on massage therapy to members of the public under the supervision of a registered massage therapy instructor. That instructor must be physically present on the premises for advice and assistance. The student must be enrolled at a registered massage therapy school or being trained by a registered massage therapy instructor. Clinical practicum does not include classroom practice.

Massage Therapy - means the assessment and treatment of soft tissues and their dysfunctions for therapeutic purposes primarily for comfort and relief of pain. It is a health care service that includes gliding, kneading, percussion, compression, vibration, friction, nerve strokes, stretching the tissue and exercising the range of motion, and may include the use of oils, salt glows, hot or cold packs or hydrotherapy. Synonymous terms for massage therapy include massage, therapeutic massage, body massage, myomassage, bodywork, body rub or any derivation of those terms. Massage therapy is the deformation of soft tissues from more than one anatomical point by manual or mechanical means to accomplish homeostasis and/or pain relief in the tissues being deformed, as defined in the Massage Therapy Practice Act, NMSA 1978, Section 61-12C-3.E.

- (a) **soft tissue** includes skin, adipose, muscle and myofascial tissues;
- (b) **manual** means by use of hands or body;
- (c) **mechanical** means any tool or device that mimics or enhances the actions possible by the hands; and
- (d) **deformation** specifically prohibits the use of high velocity thrust techniques used in joint manipulations.

SCHOOL'S DEMOGRAPHIC INFORMATION *(This Section to be completed by the Massage Therapy School)*

The applicant named above is being considered for Massage Therapy licensure in the State of New Mexico. To formally and officially verify applicant's massage therapy schooling, please complete and return this form directly to the above address along with an official transcript of the applicant's massage therapy training completed at your school and proof that your school was approved to operate as a private post-secondary educational institution or its equivalent at the time the applicant received his/her training.			
NAME OF SCHOOL			BUSINESS PHONE () -
SCHOOL DIRECTOR/ADMINISTRATOR NAME - LAST		FIRST	MIDDLE INITIAL
MAILING ADDRESS - No. & Street/P. O. Box			
PHYSICAL ADDRESS (if different than mailing address)		CITY	STATE AND ZIP CODE
WEBSITE ADDRESS (if available) or E-MAIL ADDRESS		PHONE NO. - -	FAX NO. - -

SECTION A - APPLICANT'S MESSAGE THERAPY TRAINING

(The school must complete this section)

APPLICANT'S SCHOOL ENTRY DATE: ____/____/____ APPLICANT'S COMPLETION/GRADUATION DATE: ____/____/____

Following are the courses required for licensure in New Mexico. Please complete the number of class/contact hours of educational instruction completed by the applicant at the school named above in the following categories or subjects. *Neither transcripts nor attachments will be accepted as a substitute for this form, although an official transcript sent directly by the school is ALSO required.* Transcript continuing education will be accepted by New Mexico as educational instruction.

NOTE: An hourly breakdown MUST be provided for EACH course listed below that the applicant completed in your curriculum. If you do not list any hours next to a course, it will be an indication to the NM Board that the course/subject was NOT part of the curriculum that the applicant completed. If a subject was taught as part of or within another subject, please indicate approximately how many hours were dedicated to that subject.

ANATOMY & PHYSIOLOGY (Min. 165 hrs.):	Hours:	
	Theory	Practice
Anatomy		
Physiology		
Kinesiology		
Pathology (40 hrs. minimum)		
Other (List):		
Sub Total:		
Anatomy & Physiology Total:		

GENERAL INSTRUCTION (Min. 75 hrs.):	Hours:	
	Theory	Practice
Hydrotherapy		
Business		
Professional Ethics (30 hours minimum)		
First Aid (4 hrs minimum)		
Cardio Pulmonary Resuscitation (CPR) (4 hrs. minimum)		
Other (List):		
Sub Total:		
General Instruction Total:		

MASSAGE THERAPY (Minimum 150 hrs.):	Hours:	
	Theory	Practice
Massage Therapy (150 hrs minimum) <i>(a minimum of 100 hrs. must be completed Before clinical practicum)</i>		
Contraindications of Massage Therapy		
Other (List):		
Sub Total:		
Massage Therapy Total:		

ELECTIVES:	Hours:	
	Theory	Practice
Related Hands-on Modalities (List):		
Additional Anatomy & Physiology		
Clinical Practicum (Max. 150 hours)	N/A	
Counseling		
Herbology		
Homeopathy		
Nutrition		
Breathing & Stretching Techniques		
Theory		
Other (List)		
Sub Total:		
Electives Total:		

CURRICULUM TOTAL (Minimum 650 hrs. required by New Mexico)	
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SCHOOL IS TO SUBMIT THE FOLLOWING WITH THIS COMPLETED FORM:

- 1. An official transcript for the named applicant; AND**
- 2. Documentation/verification that the massage school named was approved to operate as a private post-secondary educational institution or its equivalent at the time the applicant received his/her training.**

SECTION B - OTHER (Use this space to include any other information you would like to bring to our attention, *including providing a list of subjects, hours, and name of school which were accepted/transferred into your school* or an explanation of subjects taught within other subjects.)

SECTION C – MESSAGE THERAPY SCHOOL CERTIFICATION

Under penalties of perjury, I declare and affirm that the statements made in the forgoing form, including attachments, are true, complete and correct.

SIGNATURE

DATE

____ / ____ / ____

PRINT NAME

TITLE

Check here if there is no 'School Seal'

