

MESSAGE THERAPY BOARD

2550 Cerrillos Road, Santa Fe, NM 87505
 P. O. Box 25101, Santa Fe, NM 87504
 Phone: (505) 476-4870
 Website: www.rld.state.nm.us/massage
 E-mail: message.board@state.nm.us

MESSAGE THERAPY SCHOOL APPLICATION FOR REGISTRATION

FOR OFFICE USE ONLY		
Date Application Received: ___/___/___		
Fees Received	Fees Paid	Date Paid*
<input type="checkbox"/> Review Fee	\$ _____	___/___/___
<input type="checkbox"/> Registration fee	\$ _____	___/___/___
*Only if different from "Date Application Received"		
Date Approved: ___/___/___		
Registration No.: _____		

This application must be legible, either printed in black ink or typed and accompanied by the required non-refundable Administrative (**Application Review**) **Fee of \$400.00** and **Registration Fee of \$50.00**, for a total of **\$450.00**, and the required documentation/information outlined in this application.

A copy of the Massage Therapy Rules/Parts (16.7 NMAC) and Article 12C (Massage Therapy Practice Act) accompanies this application. **DO NOT** discard these documents, you are responsible for complying with the requirements outlined in the Rules/Parts and Act. It is also your responsibility to maintain a **current** copy of the Rules/Parts and Act at all times, which are available on the Board's website at www.rld.state.nm.us/b&c/massage.

Filing an application for a massage therapy school registration does not grant authority to offer instruction. Instruction can only be offered after the Board deems the application complete and a registration is issued.

The initial application for an original registration for a massage therapy school is a complex process and can take a considerable amount of time to complete, therefore **please make sure that you submit a complete application no less than 120 days prior to the scheduled date that your first program is scheduled to start.**

SECTION A - APPLICANT INFORMATION

NAME OF SCHOOL		
MAILING ADDRESS - No. & Street/P. O. Box		
PHYSICAL ADDRESS - No. & Street		
CITY	STATE	ZIP CODE -
SCHOOL PHONE NUMBER () -	SCHOOL E-MAIL ADDRESS	SCHOOL WEBSITE ADDRESS
CONTACT PERSON		PHONE NUMBER () -
NAME OF SCHOOL DIRECTOR		PHONE NUMBER () -
TYPE OF OWNERSHIP: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietary Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Public Institution <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other: _____	TYPE OF SCHOOL: <input type="checkbox"/> Massage Therapy Only <input type="checkbox"/> Diversified (includes other professional programs) <input type="checkbox"/> Other: _____	

SECTION B – OWNERSHIP INFORMATION

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BY AN ATTACHMENT PROVIDE:			
1. If a Corporation, attach a copy of the Certificate of Good Standing from Public Regulation Commission;			
2. A description of the ability and experience of the owner(s) in the school; and			
3. Any financial interest or affiliation in another school.			
SECTION B-1		IF A SOLE PROPRIETORSHIP	
NAME		BUSINESS PHONE	
		- -	
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-
SECTION B-2		IF A PARTNERSHIP	
NAME OF PRINCIPAL PARTNER		BUSINESS PHONE	
		- -	
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-
PARTNERS (list all partners owning 25% or more)			
NAME		PERCENTAGE OWNED	
		%	
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-
NAME		PERCENTAGE OWNED	
		%	
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-
NAME OF		PERCENTAGE OWNED	
		%	
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-
SECTION B-3		IF A PROPRIETARY CORPORATION	
NAME OF CORPORATION		BUSINESS PHONE	
		- -	
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-
NAME OF STATUTORY AGENT		BUSINESS PHONE	
		- -	
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-
STOCKHOLDERS (list all stockholders owning 25% or more)			
NAME		PERCENTAGE OWNED	
		%	
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-
NAME		PERCENTAGE OWNED	
		%	
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-
OFFICERS (list all officers, provide attachment for additional officers)			
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
			-

SECTION B-4		IF A NON-PROFIT CORPORATION	
NAME OF CORPORATION		BUSINESS PHONE - -	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME OF STATUTORY AGENT		BUSINESS PHONE - -	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
GOVERNING BOARD (list all members, provide attachment for additional members)			
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
SECTION B-5		IF A PUBLIC INSTITUTION	
NAME		BUSINESS PHONE - -	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
GOVERNING BOARD (list all members, provide attachment for additional members)			
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME		TITLE	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
SECTION B-6		IF A LIMITED LIABILITY COMPANY	
NAME		BUSINESS PHONE - -	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
GOVERNING BOARD (list all members owning 25% or more)			
NAME		PERCENTAGE OWNED %	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME		PERCENTAGE OWNED %	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
NAME		PERCENTAGE OWNED %	
MAILING ADDRESS	CITY	STATE	ZIP CODE -
SECTION B-7		IF OTHER (provide attachment for others)	
NAME		BUSINESS PHONE - -	
MAILING ADDRESS	CITY	STATE	ZIP CODE -

SECTION D – REQUIRED DOCUMENTATION

The information outlined in this section is to be provided in a 3-ring binder, in the order outlined below, with tabs/dividers separating each attachment, with the attachments properly labeled (syllabi, calendar, etc.). In addition, in the bottom right-hand corner of each page of each attachment include the month and year of submission of the attachment to the Massage Therapy Board. All boxes must be checked, and all boxes checked must have the supporting documentation/information requested placed in the application binder **in the order listed on this form if at all possible.**

<input type="checkbox"/> Attachment 1	<p>SYLLABI: for all curriculums in Section C, each course must be broken down and outlined exactly as provided in Section C of this application, in addition each course must have a separate page(s); to include at a minimum the following items. The items should be provided in the order listed here to facilitate Board review of this application.</p>
	<input type="checkbox"/> Name of course (stated exactly as outlined in Section C of this application). <i>If you have changed the name of the course on Section C, it must appear exactly the same on the syllabi, the calendar, and any other place the course name is stated;</i>
	<input type="checkbox"/> Detailed description;
	<input type="checkbox"/> Objectives;
	<input type="checkbox"/> Required school prerequisites;
	<input type="checkbox"/> Where applicable, required Massage Therapy Board prerequisites;
	<input type="checkbox"/> Total number of class or contact hours required (exactly as outlined in Section C of this application) to include the definition of class hour or contact hour defined in 16.7.6.7.C NMAC;
	<input type="checkbox"/> Name of instructor(s), where applicable include the registration number of the Massage Therapy Instructor. Instructors who are registered as Massage Therapy Instructors must be listed with the name as inscribed on their registration;
	<input type="checkbox"/> Instructional materials to be used;
	<input type="checkbox"/> Provisions for make-up work, if any;
	<input type="checkbox"/> Requirement for successful completion;
	<input type="checkbox"/> Revision date. To be placed in a footer at the bottom of each page.
<input type="checkbox"/> Attachment 2	<p>CALENDAR: for each program, the class schedule in a daily calendar format, which must document the beginning and ending dates, holidays, etc., the hours of each course taught each day, to include the name of the instructor, which must conform to the Syllabi (Attachment 1); however, if the syllabi contains the required information which outlines the calendar requirements then the calendar is not required. However if the calendar is not available because the Board has not approved the program then the calendar shall be provided no later than the first day of class. Check here <input type="checkbox"/> only if the calendar requirements are outlined in the syllabi and therefore a separate calendar is not attached. Check here <input type="checkbox"/> if the calendar is not available, but will be provided to the Massage Therapy Board no later than the first day of class.</p>
<input type="checkbox"/> Attachment 3	<p>ADMISSION APPLICATION: the admission application must include at a minimum the information listed below, however if the admission application does not include all information, those excluded shall be provided as admission supplement.</p>
	<input type="checkbox"/> Full name of the applicant, to include address phone number and date of birth;
	<input type="checkbox"/> If applicable, Application Fee, and terms relating to cancellation and refund; and
	<input type="checkbox"/> A certification statement certified and dated by the applicant, certifying that the applicant has received a complete copy of the Admission Application and any attachments referenced to in the admission application and admission supplements.
<input type="checkbox"/> Attachment 4	<p>ENROLLMENT AGREEMENT/CONTRACT: the enrollment agreement/contract shall include at a minimum the information listed below, however if the enrollment agreement/contract does not include all information, those excluded shall be provided as enrollment agreement/contract supplements. Items listed below should be provided in the order listed to facilitate Board review of this application.</p>
	<input type="checkbox"/> School name, address and phone number;
	<input type="checkbox"/> Total tuition cost for the program;
	<input type="checkbox"/> Tuition cost for partial training per hour;
	<input type="checkbox"/> Enrollment Fee including tax;
	<input type="checkbox"/> Minimum tuition deposit required;
	<input type="checkbox"/> Cost for books, supplies and other expenses;
	<input type="checkbox"/> Administrative costs for withdrawal or termination;
	<input type="checkbox"/> Payment methods and terms including interest;
	<input type="checkbox"/> Refund policy;
	<input type="checkbox"/> Right to cancel enrollment agreement (school and student);
	<input type="checkbox"/> Right of withdrawal or termination of enrollment (school and student);
	<input type="checkbox"/> Withdrawal or termination prior to start of program;
	<input type="checkbox"/> Withdrawal, abandonment or termination after program starts;
	<input type="checkbox"/> Program start date;
	<input type="checkbox"/> Credits, hours and financial, for prior training;
	<input type="checkbox"/> Total hours of program, including prior training credit;
	<input type="checkbox"/> Attendance requirements;
	<input type="checkbox"/> Employment disclaimer;
	<input type="checkbox"/> Graduation requirements;

	<input type="checkbox"/>	A certification statement certified and dated by the applicant, certifying that the applicant has received: (1) a complete copy of the Enrollment Agreement/Contract and any attachments referenced to in the enrollment agreement/contract and enrollment agreement/contract supplements; (2) the calendar for the enrolled program or the date when the calendar for the enrolled program will be provided, which shall be provided no later than the first day of class; and (3) the advertising catalog, and catalog supplements outlined in Attachment 5 of this application.
<input type="checkbox"/> Attachment 5	ADVERTISING CATALOG: the advertising catalog is the catalog that is provided to prospective students to ensure that they have the necessary information needed about the massage therapy program and the requirements of the school including policies and procedures. The advertising catalog shall present an accurate description of the massage therapy training offered. The advertising catalog must include at a minimum the information listed below, however if the advertising catalog does not include all information, those excluded shall be provided as catalog supplements. Below state where the "Required Information" is located, advertising catalog or catalog supplement, and provide the page number. Items should be provided in the order listed below to facilitate Board review of this application.	
Catalog or Supplement	Page No.	Required Information Tip: Use "Header/Footer" in the View menu to add page numbers, initial date/revision dates, etc.
		Date catalog and catalog supplement was printed/ revised
		School name, address (mailing and physical), telephone number, e-mail address and website
		Table of contents and page numbers
		Mission, objectives, and goals of the school
		List of faculty with their titles, which may include instructors and where applicable their Massage Therapy Instructor registration number
		Admission requirements, procedures and prerequisites
		Grading system
		Length of time required for completion of the program
		Completion, graduation requirements
		Attendance Policy
		Leave of Absence Policy
		Dress Code Policy
		Sanitation/Hygiene Protocol Policy (personal hygiene, washing of hands after a massage treatment, cleaning lotion bottle, cleaning table, linen care, equipment care, etc.)
		Universal Precautions Policy
		Draping Policy and Procedures
		Student Complaint Policy – to include the Massage Therapy Board name, address (mailing and physical), telephone number, e-mail address and website, as an avenue to file a complaint, only after the student has exhausted the procedures available at the school, or if extreme circumstances exist whereby the student cannot utilize the school's procedures
		Student Conduct and Ethical Requirements: to include reviewing 16.7.2 NMAC in the ethical requirements, and to include the basis for termination and termination procedures.
		Transfer Credit Policy – which provides the process and verification procedures to be followed when accepting training received by the student from another school, and how the transfer courses will be reflected on the transcript. Such training transferred may include continuing education, life experience or experience gained through employment related to the program of study. Courses transferred shall parallel in content and intensity to the courses presently offered by the massage therapy school
		Partial Training Policy – This provides the process used for students who completed their training in another school and lack the minimum educational requirements for licensure. The course(s) and hours for partial training shall correspond to the course(s) and hours outlined in Section C of this application
		Readmission Policy – This provides the process and timelines in which a student who has withdrawn from the school's program can reapply and obtain credit for the training completed at the school, before the student must complete the entire program and no credit for past training completed will be credited
		Clinical Practicum Policies and Procedures – to include at a minimum the:
	<input type="checkbox"/>	Massage Therapy Board exemption provision outlined in the Massage Therapy Practice Act, 61-12C-5.1.B and 16.7.4.9 NMAC
	<input type="checkbox"/>	Massage Therapy Board "Clinical Practicum" definition (16.7.5.A NMAC)
	<input type="checkbox"/>	Massage Therapy Board "Professional Conduct" rule (16.7.2 NMAC)
	<input type="checkbox"/>	Massage Therapy Board "prerequisite" requirement outlined in Subsection B.(2) b. of 16.7.5.8 NMAC
	<input type="checkbox"/>	Massage Therapy Board "Students" rule (16.7.7 NMAC)

		Disclosures, to include at a minimum the following:
	<input type="checkbox"/>	Massage Therapy Board age requirement in order to obtain a massage therapy license (16.7.4.10.A NMAC)
	<input type="checkbox"/>	Massage Therapy Board high school or its equivalent requirement in order to obtain a massage therapy license (16.7.4.10.B NMAC)
	<input type="checkbox"/>	Massage Therapy Practice Act requirement that persons must be licensed as Massage Therapists in order to advertise and offer massage therapy services
		Licensure Requirements – a brief description of the Massage Therapy Board requirements, to include at a minimum the following:
	<input type="checkbox"/>	Licensure minimum educational requirements
	<input type="checkbox"/>	Examination requirements including the National Certification Examination for Therapeutic Massage and Bodywork (NCETMB) and the State Jurisprudence Examination, and after September 30, 2005, the NCETM Exam
	<input type="checkbox"/>	Advertising requirements including the requirement that licensure for the practice of massage therapy is required in the Massage Therapy Practice Act in order to offer and/or advertise massage therapy services
	<input type="checkbox"/>	Massage Therapy Board address (mailing and physical), telephone number, e-mail address and website for obtaining information and the application packet needed to apply for licensure
		Student Complaint Policy & Procedures , to include the Massage Therapy Board name, address (mailing and physical), telephone number, e-mail address and website, as an avenue to file a complaint, only after the student has exhausted the procedures available at the school, or if extreme circumstances exist whereby the student cannot utilize the school's procedures; which is required to be posted in a conspicuous place on the premises
<input type="checkbox"/> Attachment 6		TEACH-OUT POLICY – which provides a teach-out plan in the event the school intends to close, to include the procedures that must be followed in the event of dissolution of the school, to include at a minimum:
	<input type="checkbox"/>	A proposed teach-out plan with at least one (1) registered Massage Therapy School (receiving school) which includes providing the receiving school with:
	<input type="checkbox"/>	A list of all students, both current and past, which includes their date of birth
	<input type="checkbox"/>	Student records (current and past), which must include an original transcript of the courses, hours, dates, and instructors names for the courses taught by each instructor and completed by the student
	<input type="checkbox"/>	Proof of paid and unpaid tuition, refunds due and account balances
	<input type="checkbox"/>	the method and timelines to be used to ensure the receiving school receives any amounts due, or the students are refunded any amounts due
	<input type="checkbox"/>	if there is no teach-out plan with a registered massage therapy school then the teach-out plan must include providing the massage therapy board with:
	<input type="checkbox"/>	A list of all students, both current and past, which includes their date of birth
	<input type="checkbox"/>	Student records (current and past), which must include an original transcript of the courses, hours, dates, and instructors names for the courses taught by each instructor and completed by the student
	<input type="checkbox"/>	Proof of paid and unpaid tuition, refunds due, and account balances
	<input type="checkbox"/>	The method and timelines to be used to ensure the students are refunded any amounts due
	<input type="checkbox"/>	The teach-out plan must also include the procedures and timelines the school will follow prior to the school closing in providing notification to the students, the receiving school, and the massage therapy board of the impending closure and the timelines for issuance of refunds, and transferring all student records (current and past) to the receiving school or the massage therapy board

<input type="checkbox"/> Attachment 7	FORMS: Provide the following items, at a minimum, in the following order:
<input type="checkbox"/>	Instructor evaluation of the student on massage therapy techniques
<input type="checkbox"/>	Student evaluation of the instructor on the teaching provided
<input type="checkbox"/>	Client intake and screening, which is used to obtain relevant information from the client
<input type="checkbox"/>	Disclosure statement, which includes prior informed consent regarding draping and treatment, privacy of the client while dressing and undressing, modification or termination of treatment at the client's request, maintenance of equipment, linens, clothing and work area, etc.
<input type="checkbox"/>	Client feedback, which is used to evaluate the student on the services rendered
<input type="checkbox"/> Attachment 8	SAMPLE TRANSCRIPT: to include at a minimum:
<input type="checkbox"/>	Full name of school, as registered with the Massage Therapy Board, to include mailing address, phone number, fax number, E-mail address and Website address
<input type="checkbox"/>	Signature of school director, to include date of signature
<input type="checkbox"/>	The heading entitled "Official Transcript" or equivalent
<input type="checkbox"/>	School seal affixed to the transcript
<input type="checkbox"/>	Full legal name of the student with the student's date of birth
<input type="checkbox"/>	Date of entrance into the program
<input type="checkbox"/>	Date of completion of the program
<input type="checkbox"/>	The total hours that the student successfully received for the program
<input type="checkbox"/>	The course name, number of hours successfully completed and the respective category credited (A&P, MT, General Instruction, or Elective) in hours exactly as outlined in the curriculum in Section C
<input type="checkbox"/>	If applicable, for each course transferred from another school: (1) the course(s) name; (2) number of hours transferred for each course; and (3) the name of the transferring school(s); which shall have a copy of the transcript from the transferring school attached to the transcript
<input type="checkbox"/> Attachment 9	FACULTY AND INSTRUCTORS: to include at a minimum:
<input type="checkbox"/>	Name, and where applicable, Massage Therapy Instructor registration number
<input type="checkbox"/>	Course(s) that will be taught by each instructor
<input type="checkbox"/>	Documentation of the training and experience in the area of the course(s) that will be taught
<input type="checkbox"/>	Each Instructor's Resume'
<input type="checkbox"/>	Faculty and Instructors' Conduct and Ethical Requirements, including outlining the basis for termination and the termination procedures
<input type="checkbox"/>	Client Clinical Practicum Complaint Policy & Procedures, to include the Massage Therapy Board name, address (mailing and physical), telephone number, e-mail address and website, for the client to file a complaint for alleged violations of the Massage Therapy Practice Act or its rules, which is required to be posted in a conspicuous place on the clinic premises
<input type="checkbox"/> Attachment 11	FLOOR PLAN: to include all dimensions and the use of each room or space must be clearly labeled. Check here <input type="checkbox"/> if the floor plan is not available because the location has not been determined, but will be provided no later than the five (5) days from the date the location is determined

SECTION E – THE FOLLOWING QUESTIONS MUST BE ANSWERED

(1) Has the director, any board member, or any person holding any ownership or controlling interest in this school ever been issued a license/registration to operate a school in any state, country or territory? (If Yes, answer (a) below.) Yes No

(a) Location: _____ Entity: _____ When: _____ Status: _____
 Location: _____ Entity: _____ When: _____ Status: _____
 Location: _____ Entity: _____ When: _____ Status: _____

(2) Has the director, any board member, or any person holding any ownership or controlling interest in this school owned or operated a school that closed or ceased operation? (If Yes, answer (a) through (d) below.) Yes No

(a) Was the director, any board member, or any person holding any ownership or controlling interest in this school subject to a pending disciplinary action, limitation, fine or other penalty at the time of closing? Yes No

(b) Did the school owe funds to any government agency or students at the time of closing? (If Yes, (b)(1) and (b)(2) cannot have an "NA" answer)..... Yes No

(1) Were the funds refunded? (If No, provide by separate cover an explanation and supporting documentation) Yes No NA

(2) Is this matter still pending? (If Yes, provide by separate cover an explanation and the current status) Yes No NA

(c) Were the students transferred to another school? (If Yes, provide the name of the school: _____, and date transferred: _____

(d) Were the students notified of the impending school closure? (If Yes, provide a copy of the notification) Yes No

- (3) Has the director, any board member, or any person holding an ownership or controlling interest in this school ever been denied a license/registration or permission to operate a school in any state, country or territory? Yes No
- (4) Has the director, any board member, or any person holding an ownership or controlling interest in this school been convicted of any offense punishable by incarceration in a state penitentiary or federal prison? Yes No
- (5) Has the director, any board member, or any person holding an ownership or controlling interest in this school had any disciplinary action involving the operation, management, or practice of massage therapy? Yes No
- (6) Has the director, any board member, or any person holding an ownership or controlling interest in this school ever been involved in any civil litigation involving the operation, management, or practice of massage therapy? Yes No
- (7) Is the director, any board member, or any person holding an ownership or controlling interest in this school currently more than thirty (30) days in arrears in payment of amounts required to be paid pursuant a judgment and order for support entered by a district court or a tribal court in a case brought by the human services department? Yes No

FOR ANY "YES" ANSWER TO QUESTIONS (2) THROUGH (7), PROVIDE DETAILS INCLUDING THE OUTCOME ON A SEPARATE COVER, AND ATTACH SUPPORTING DOCUMENTATION INCLUDING, BUT NOT LIMITED TO:

- (1) Certified copies of the legal documents, certified by the Clerk entering the conviction;
- (2) Character reference letters from family, friends, colleagues, employer, etc., to include their addresses and phone numbers, which must be originals addressed to the Board and which must be dated within one (1) month from the date this application is signed and submitted to the Board;
- (3) If you are still on probation, a letter from your Probation Officer outlining the status, which must be original and addressed to the Board and which must be dated within one (1) month from the date this application is signed and submitted to the Board;
- (4) For #7, a certified statement from HSD stating that you are in compliance with the judgment and order for support; and
- (5) Any other documentation regarding the matter.

For a conviction involving drugs, as a condition for registration, you acknowledge that when this application is signed and submitted to the Board you authorize the Board to require drug testing to be conducted, at your expense, and to have the results forwarded directly to the Board.

A "Yes" answer does not necessarily disqualify an applicant from registration, however the Board may require additional information and/or clarification, therefore it is important that you provide complete and succinct information. Each case is considered on its own merit.

SECTION F - APPLICANT'S ATTESTATION

I/we acknowledge receiving and reading the Rules/Parts and Act presently administered by the New Mexico Massage Therapy Board and represent and agree that should I/we be granted the registration applied for I/we will at all times obey the Rules/Parts and Act.

After receiving approval of this application, I/we agree to provide any changes in curriculum, syllabi, calendar, instructors, address and/or ownership to the Massage Therapy Board within 30 days of such change(s), and I/we are aware that the New Mexico Massage Therapy Board must approve change(s) to the curriculum and syllabi.

After receiving approval of this application, I/we agree to always provide students with the minimum information outlined in Attachment 3, 4 and 5 of Section D of this application, including any other information or modifications as required by the Massage Therapy Board.

After receiving approval of this application, I/we agree to always maintain the minimum requirements outlined in this application, and any other requirements or modifications as required by the Massage Therapy Board.

After receiving approval of this application, I/we agree to ensure timely renewal of the registration, and that failure to receive a renewal notice is not justification for failure to timely renew the registration.

I/we agree that the New Mexico Massage Therapy Board or its representatives may conduct announced or unannounced inspection visits.

I/we acknowledge that it is my/our responsibility to always be familiar with the requirements of the New Mexico Massage Therapy Board, including changes to the requirements, and that the New Mexico Massage Therapy Board is not responsible for ensuring that I/we are provided with the changes to the requirements.

Under penalties of perjury, I/we declare and affirm that the statements made in the forgoing application, including attached documentation, are true, complete and correct. I/we understand that any false or misleading information in, or in connection with, the application may be cause for denial or loss of registration.

SOLE PROPRIETORSHIP OR OTHER: (Sign before Notary Public)

Print Name & Sign: _____ Date: ___/___/___

PARTNERSHIP: (Print name and Sign before Notary Public)

Partner1: _____ Date: ___/___/___
 Partner2: _____ Date: ___/___/___
 Partner3: _____ Date: ___/___/___

(make a copy of this page if there are more than three partners)

PROPRIETARY CORPORATION OR LIMITED LIABILITY COMPANY: (Sign before Notary Public)

Print Name _____ Date: ___/___/___
 Signature: Corporate Officer or Corporate Director or Owner: _____

PUBLIC INSTITUTION OR NON-PROFIT CORPORATION: (Sign before Notary Public)

Print Name _____ Date: ___/___/___
 Signature: Authorized Governing Board Member: _____

(Sign before Notary Public)

Print Name & Sign: School Director: _____ Date: ___/___/___

State of: _____
 County of: _____

Before me on this _____ day of _____, 20 _____, personally appeared the above named applicant who being by me duly sworn upon oath says that all the acts, statements and answers contained in this application are true and correct.

Notary: _____

Expiration Date: _____
 (SEAL)

All requested information is essential and must be provided. Failure to present a completed application by omitting information sought, having less than a full and complete disclosure, or failure to have the required documentation provided as required in this application, will result in delay or cause return of the application. The board shall neither approve nor deny an application until it is received in proper form, contains the information required by law and as requested by this application. The responsibility for completing the application is solely that of the applicant. The burden of proof in satisfying the Board that you are entitled to a registration as a Massage Therapy School is upon you. **THE BOARD DOES NOT HAVE THE AUTHORITY TO GRANT A WAIVER OF ANY REQUIREMENT.**

IF THIS APPLICATION IS INCOMPLETE UPON ONE (1) YEAR OF RECEIPT, THE APPLICATION AND SUPPORTING DOCUMENTATION WILL BECOME NULL AND VOID AND THE FEES WILL BE FORFIETED.