

LICENSING DEPARTMENT MASSAGE THERAPY BOARD

FOR OFFICE USE ONLY

Date Application Received:

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Fee: \$50.00 Received ____

Approval Letter Mailed _

L2000 Receipt # _

Date Approved: ____

2550 Cerrillos Road, Santa Fe, NM 87505 (or) P. O. Box 25101, Santa Fe, NM 87504 Phone: (505) 476-4870; Fax: (505) 476-4622 Website: www.rld.nm.gov E-mail: massage.board@rld.nm.gov

MASSAGE THERAPY SCHOOL CURRICULUM CHANGES

CURRICULUM CHANGE REVIEW FEE: \$50.00

This application must be legible, either printed in black ink or typed and accompanied by the required documentation/information outlined in this application.

This application is to be used for changes (additions or deletions) to the curriculum that is outside, and not included in, the renewal process/period (non-renewal), which results in changes to the syllabi and calendar.

AT THE TIME THIS APPLICATION IS USED THE MASSAGE THERAPY SCHOOL MUST HOLD AN ACTIVE REGISTRATION.

PLEASE CHECK THE CATEGORY FOR WHICH A CHANGE OF CURRICULUM IS BEING FILED:

Addition(s) to Curriculum

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Check this box if there are additions to the curriculum, syllabi and calendar that are being submitted outside the renewal process/period. Additions of courses and/or hours must be reported utilizing this form within 30 days of the additions. The Board must approve any additions to the curriculum and syllabi for any course(s) enumerated in 16.7.5 NMAC **PRIOR** to the course(s) being offered.

Deletion(s) to Curriculum

Check this box if there are deletions to the curriculum, syllabi and calendar that are being submitted outside the renewal process/period. Deletions of courses and/or hours must be reported utilizing this form within 30 days of the deletions. Curriculum deletions cannot result in non-compliance with the minimum curriculum requirements outlined in 16.7.5 NMAC.

SECTION A – SCHOOL INFORMATION

| NAME OF SCHOOL | | | | |
|-------------------------------|-----------------------|------------------------|-------------|--|
| | +/D O Box | | | |
| MAILING ADDRESS - No. & Stree | VP. O. B0X | | | |
| PHYSICAL ADDRESS - No. & Stre | eet | | | |
| CITY STATE | | STATE | ZIP CODE | |
| SCHOOL PHONE NUMBER | SCHOOL E-MAIL ADDRESS | SCHOOL WEBSITE ADDRESS | | |
| CONTACT PERSON | | P (| HONE NUMBER | |
| NAME OF SCHOOL DIRECTOR | | P (| HONE NUMBER | |

SECTION B1 – ADDITIONS TO CURRICULUM – Program No.: _

Addition(s) to Curriculum – Please outline in this Section ONLY additions to the curriculum for each program. The Board must approve any additions to the curriculum and syllabi for any "OTHER" course(s) enumerated in 16.7.5.8.B (4) (k) NMAC BEFORE the course(s) may be offered.

- 1. The information outlined in this Section is to be provided for EACH program that has an addition in course(s) and/or hours.
- 2. Therefore this Section may be copied for each program that has additions.
- 3. Each program must have a separate calendar.
- 4. The program CANNOT include continuing education training, life experience, experience gained through employment related to the program, or training provided by a Visiting Massage Therapy Instructor.

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

| MASSAGE THERAPY (Minimum 150 hrs.): | Hours: | |
|--------------------------------------|--------|----------|
| MASSAGE IIIEKAFI (Minimum 150 ms.). | Theory | Practice |
| Massage Therapy (150 hrs minimum) | | |
| | | |
| Contraindications of Massage Therapy | | |
| | | |
| Other (List): | | |
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| Sub Total: | | |
| Massage Therapy Total: | | |

CURRICULUM TOTAL (Minimum 650 hrs. required by New Mexico)

| CENEDAL INCEDUCTION (Mar. 75 has); | Hours: | |
|--|--------|----------|
| GENERAL INSTRUCTION (Min. 75 hrs.): | Theory | Practice |
| Hydrotherapy (8 hrs minimum) | | |
| | | |
| Business (20 hrs minimum) | | |
| | | |
| Professional Ethics (30 hours minimum) | | |
| | | |
| First Aid (4 hrs minimum) | | |
| Cardio Pulmonary Resuscitation (CPR) | | |
| (4 hrs minimum) | | |
| Other (List): | | |
| | | |
| | | |
| Sub Total: | | |
| General Instruction Total: | | |

of

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

SECTION B2 – DELETIONS TO CURRICULUM – Program No.:

Deletion(s) to Curriculum – Please outline in this Section ONLY deletions to the curriculum for each program.
Deletions to the curriculum cannot result in non-compliance with the requirements outlined in 16.7.5.8 NMAC.

2. The information outlined in this Section is to be provided for EACH program that has a deletion in course(s)

and/or hours; therefore this Section may be copied for each program that has deletions.

| ANATOMY & PHYSIOLOGY | Hours Deleted: | |
|--|----------------|----------|
| (Courses Deleted) | Theory | Practice |
| (A min. of 125 hrs. must to be maintained) | | |
| Anatomy | | |
| | | |
| Physiology | | |
| | | |
| Kinesiology | | |
| | | |
| Pathology (40 hours minimum required) | | |
| | | |
| Other (List): | | |
| | | |
| Sub Total: | | |
| Anatomy & Physiology Total | | |

| MASSAGE THERAPY | Hours Deleted: | |
|--|----------------|----------|
| (Courses Deleted) (A min. of 150 hrs. must be maintained) | Theory | Practice |
| Massage Therapy (150 hrs minimum) | | |
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| Contraindications of Massage Therapy | | |
| Other (List): | | |
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| Sub Total: | | |
| Massage Therapy Total: | | |

| CURRICULUM TOTAL DELETED | |
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| (A min. of 650 hours in all categories must | |
| be maintained) | |

| GENERAL INSTRUCTION | Hours Deleted: | |
|--|----------------|----------|
| (Courses Deleted) | Theory | Practice |
| (A min. of 50 hrs. must be maintained) | | |
| Hydrotherapy | | |
| Business | | |
| Professional Ethics (to include 16.7.2 NMAC) | | |
| (six hours minimum of ethics) | | |
| First Aid | | |
| Cardio Pulmonary Resuscitation (CPR) | | |
| Other (List): | | |
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| | | |
| Sub Total: | | |
| General Instruction Total: | | |

of

| ELECTIVES | Hours Deleted: | |
|---|----------------|----------|
| (Courses Deleted) | Theory | Practice |
| , , , , , , , , , , , , , , , , , , , | | |
| Related Hands-on Modalities (List): | | |
| Additional Anatomy & Physiology | | |
| Clinical Practicum (Maximum -150 hours) | | |
| Counseling | | |
| Herbology | | |
| Homeopathy | | |
| Nutrition | | |
| Breathing & Stretching Techniques | | |
| | | |
| Theory | | |
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| Other (List) | | |
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| Sub Total: | | |
| Electives Total: | | |

- Addition(s) to Curriculum This Section is to be completed for additions to the curriculum.
 The syllabi must be provided for the addition(s) only; and the calendar needs to be provided for EACH program that has an addition(s).
- 2. The information outlined in this Section is to be provided in the order outlined below, with tabs/dividers separating each attachment and with the attachments properly labeled (syllabi, calendar), etc.
- In addition, the month and year of submission (revision date) of the attachment to the Board must be included in the bottom right-hand corner of each page of each attachment. 3.
- All boxes must be checked, and all boxes checked must have the supporting documentation/information requested. 4.

| Attachment 1 | SYLLABI: for all curriculums in Section B1, each course must be broken down, named, and outlined exactly |
|--------------|---|
| | as provided in Section B1 of this application; in addition each course must have a separate page(s); to |
| | include at a minimum the following information. The information should be provided in the order listed here |
| | to facilitate Board review of this application. |
| | Name of course (exactly as outlined in Section B1 of this application); |
| | Detailed description; |
| | Objectives; |
| | Required school prerequisites; |
| | Where applicable, required Massage Therapy Board prerequisites; |
| | Total number of class or contact hours required (exactly as outlined in Section B1 of this |
| | application) to include the definition of class hour as stated in 16.7.5.8. NMAC; |
| | Name of instructor(s); and 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 exactly as inscribed on their registration; |
| | Instructional materials to be used; |
| | Provisions for make-up work, if any; |
| | Requirement for successful completion; |
| | Revision date to be placed at the bottom of each page in a footer. |
| Attachment 2 | CALENDAR: The following must be provided for each program: |
| | 1. The class schedule in a daily calendar format, which must document the beginning and ending dates, |
| | holidays, etc; |
| | 2. The hours of each course taught each day, to include the name of the instructor, which must conform to |
| | the Syllabi (Attachment 1); |
| | 3. If the syllabus contains the required information that outlines the calendar requirements, then the |
| | calendar is not required. |
| | 4. If the calendar is not available because the Board has not approved the program, then the calendar shall |
| | be provided to the Board no later than the first day of class. |
| | 5. Check here only if the calendar requirements are outlined in the syllabi, and for that reason, a |
| | separate calendar is not attached. |
| | 6. Check here if the calendar is not available, but will be provided to the Massage Therapy Board no |
| | later than the first day of class. |

SECTION D – APPLICANT'S ATTESTATION

| Under penalties of perjury, I/we declare and affirm that the statements made in the foregoing application, in documentation, are true, complete and correct. I/we understand that any false or misleading information in with, the application may be cause for denial or loss of registration. | ncluding attached , or in connection |
|---|---|
| SOLE PROPRIETORSHIP OR OTHER: (Sign before Notary Public) | _ |
| Print Name & Sign: | Date: /_/ |
| PARTNERSHIP: (Print name and Sign before Notary Public) | |
| Partner1: | Date: /_/ Date: |
| Partner2: | / / |
| 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 Signature: Corporate Officer or Corporate Director or Owner: | Date: // |
| PUBLIC INSTITUTION OR NON-PROFIT CORPORATION: (Sign before Notary Public) Print Name Signature: Authorized Governing Board Member: | Date: // |
| (Sign before Notary Public) | _ |
| Print Name & Sign: School Director: | Date: // |
| | |

- > 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 rests solely on the applicant.
- The burden of proof in satisfying the Board that you have met the requirements of the Act and Rules is upon you.
- > The Board does not have the authority to grant a waiver of any requirement.