

South Middleton Township

Serving our Community with Pride

Application for Massage Therapy Registration License

Name: _____
Personal Address: _____
City: _____ State _____ Zip Code _____
Business Address: _____
City: _____ State _____ Zip Code _____
Phone No. _____

Applicant must possess one (1) of the following:

1. Graduation from a massage school that is accredited and licensed as a private school which requires the successful completion of a program of at least five hundred (500) hours of supervised instruction or;
2. Current professional class membership in a recognized national professional society whose members are pledged to a code of ethics and pursuit of continuing education or;
3. Current certification by the National Certification Board of Therapeutic Massage and Body Work or its successor or a national certification program meeting similar standards or;
4. Approval after review and investigation by the South Middleton Township Board of Supervisors.

*Please list all qualifications below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Previous work history:

1. _____
2. _____
3. _____

References:

1. _____
2. _____
3. _____

Applicants Signature

Date

"Copies of all certificate(s), license(s), memberships, etc. **must be** supplied as part of this application.

520 Park Drive | Boiling Springs, PA 17007 | ☎ 717.258.5324 | ☎ 717.258.3577 | Monday - Friday 7:30am - 4:00pm

www.smiddleton.com