

FAIRHAVEN BOARD OF HEALTH

**APPLICATION FOR MASSAGE THERAPIST LICENSE
PERMIT IS VALID FROM JANUARY 1ST TO DECEMBER 31ST**

Application Fee \$25.00 Annual Permit Fee \$50.00

NAME _____ SS# _____

ADDRESS _____ TEL # _____

DATE OF BIRTH _____ SEX _____ Ht _____ WT _____ EYE COLOR _____

EDUCATIONAL RECORD (Applicant shall provide a copy of transcript from Massage Therapy School indicating course names, course grades and # hours and # credits per course.)

SCHOOL(S): NAME & ADDRESS

Secondary _____

College _____

Professional/Technical _____

TRAINING & EXPERIENCE (Past five 5 years)

EMPLOYER/ORGANIZATION	ADDRESS	TEL#	POSITION	DATES
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1. _____

2. _____

3. _____

4. _____

OTHER LICENSES NOW OR FORMERLY HELD

ESTABLISHMENT WHERE APPLICANT IS TO BE EMPLOYED	ADDRESS	TEL#
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OTHER LOCATIONS WHERE APPLICANT WILL PRACTICE MASSAGE	ADDRESS	TEL#
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WILL MASSAGE THERAPY BE PRACTICED IN CLIENT'S HOME? YES _____ NO _____

SIGNATURE OF APPLICANT _____ DATE _____

ALSO REQUIRED: COPY OR TRANSCRIPT FROM MASSAGE THERAPY SCHOOL