

MASSAGE THERAPY
PRELIMINARY EDUCATION APPLICATION INSTRUCTIONS

1. Complete the MASSAGE THERAPY – APPLICATION FOR PRELIMINARY EDUCATION , section indicated as “to be completed by the applicant”.
2. Attach a check or money order in the amount of **\$ 35.00** made payable to the **State Medical Board of Ohio**
3. Return the application along with the check or money order to the Institute of Therapeutic Massage.
4. The Institute of Therapeutic Massage certifies your eligibility, completes their portion of the application and forwards on your behalf the completed application to the State Medical Board.

Application Process

The application and appropriate fee must be received at the Medical Board’s offices or postmarked no later than the first day the student attends the classes. Failure of the student to submit the preliminary education application within the timeframe shall invalidate the hours earned in that academic term from the total required to qualify to sit for the licensing exam.

The application processing time is ordinarily 2 – 3 weeks after receipt of an application and fees by the Board. An incomplete application or any unusual circumstances may delay processing.

Preliminary Education Certificate

Upon issuance of an Ohio preliminary education number, a certificate will be sent to the student in approximately 2 to 3 weeks. Upon receipt bring a copy of the certificate to the school’s office for inclusion in your student file.

Please be advised that verification of the preliminary education number may also be obtained directly from the Board’s website at www.state.oh.un/med/.

The Board may randomly select applications for verification that all preliminary education requirements have been met. Students whose applications are selected shall submit additional documentation of compliance with the preliminary education requirements as the Board may require.



State Medical Board of Ohio

77 S. High St., 17th Floor. Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

FOR BOARD USE ONLY
FEE: \$35.00

**MASSAGE THERAPY
APPLICATION FOR
PRELIMINARY EDUCATION**

BK: _____ PG: _____ LN: _____
DATE REC'D: _____ PMT: _____

NO: _____ DATE ISSUED: _____
APPROVED BY: _____

TO BE COMPLETED BY APPLICANT

<small>Your social security number is required to facilitate reporting to the federal Healthcare Integrity & Protection Data Bank (42 U.S.C. §1320a-7e(b), 5 U.S.C. §552a, and 45 C.F.R. pl. 61) and for accurate identification under the federal and state child support enforcement law (42 U.S.C. §666 and §3123.50. O.R.C.) It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. §11101 and 45 C.F.R. pl. 60) and for other investigative/enforcement purposes in compliance with Chapters 4730., 4731., 4760. or 4762., O.R.C. or as otherwise required by state or federal law .</small>			
U.S. Social Security No.			
Applicants Full Name	Last	First	Middle Suffix (Jr., II)
Current Address	Number & Street	Apt.	Date of Birth Month / day / year / /
	City	State	
High School of Graduation			Date of Graduation Month / day / year / /
Signature of Applicant			Date

TO BE COMPLETED BY MASSAGE THERAPY SCHOOL

I hereby certify that I have checked the check only one high school transcript GED transcript of the above named applicant.

I further certify that I have checked any name change documents with respect to any name changes the applicant may have. I hereby recommend the applicant be granted a preliminary education certificate.

Date _____ Month / day / year
Classes Begin:

School Seal
(If none, have form notarized)

Name and address of Massage Therapy School	Institute of Therapeutic Massage, Inc 9508 SR 65, PO Box 350 Ottawa, Oh 45875-0350
Signature of President, Dean or Secretary	
Position	
Date	