

**GENERAL INFORMATION  
MESSAGE THERAPIST APPRENTICE REGISTRATION**

Visit our website at: [www.hawaii.gov/dcca/areas/pvl](http://www.hawaii.gov/dcca/areas/pvl)

The Massage Therapy Apprenticeship is another way, besides schooling, of obtaining **practical training** in massage therapy. To apply for apprenticeship, you must have fulfilled the following requirement:

1. Successful course work completion of at least **50** hours of human anatomy, physiology, and structural kinesiology, **and**
  2. At least **100** hours of theory and demonstration of massage therapy, **and**
  3. These courses shall have been completed at a Department of Education licensed school **or** accredited college, university, community college, **or** American Massage Therapist Association approved massage schools, **or** the Rolf Institute, **or** Hawaii Board of Massage Therapy approved workshops.
- **Massage therapy laws and rules:** Copies of the laws, chapter 452, Hawaii Revised Statutes, and rules, chapter 84, Hawaii Administrative Rules, may be obtained by sending a written request to the Board's address below. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes. Indicate the specific chapter(s) in your request. The laws and rules are also posted on our website at: [www.hawaii.gov/dcca/areas/pvl](http://www.hawaii.gov/dcca/areas/pvl). Click on "Massage Therapy". Then click on the link "Statute/Rule Chapter" in the yellow box on the right.
  - Mail the completed application and required documents to:

Board of Massage Therapy DCCA, PVL Licensing Branch P.O. Box 3469 Honolulu, HI 96801 <b>or</b> Deliver to office location at:  335 Merchant St., Room 301 Honolulu, HI 96813	Phone: (808) 586-3000 Toll free voice access numbers for the neighbor islands: Kauai - 274-3141 Ext. 6-3000 Maui - 984-2400 Ext. 6-3000 Hawaii - 974-4000 Ext. 6-3000 Molokai - 1 (800) 468-4644 Ext. 6-3000 Lanai - 1 (800) 468-4644 Ext. 6-3000
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  - **Approval of Application:** The "*Notice of Approval*" and your "*Apprentice Permit*" will be mailed to the mailing address for the massage therapy establishment. You must receive your permit **before** beginning your apprenticeship.
  - Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.
  - **Address Changes:** It is your responsibility to keep the board informed of all address changes. Submit your changes in writing.

**FEE**

**APPLICATION FEE:** **Attach the nonrefundable \$50 application fee. Make check payable to: COMMERCE & CONSUMER AFFAIRS.**

**Note:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

**SUMMARY OF QUALIFICATIONS FOR HAWAII LICENSURE AS A  
MASSAGE THERAPIST**

- I. Training Requirement: Totalling **570** hours as described below.
- A. Human anatomy, physiology, and structural kinesiology in-class coursework: **minimum of 50 hours**.
  - B. Theory and demonstration of massage therapy in-class coursework: **minimum of 100 hours** (must include: the proper procedure in massaging which concerns the protection of both client and massage therapist; recordkeeping (clinical notes); hygiene; theory; technique for specific conditions; contraindications of massage for specific techniques according to conditions; draping; assessment of the client's condition and the general technique to be applied).
  - C. Practical training in massage therapy: **minimum of 420 hours** (Massage therapy means any method of treatment of the superficial soft parts of the body consisting of rubbing, stroking, tapotement, pressing, shaking, or kneading with the hands, feet, elbow, or arms).

- 1. Outside of Hawaii: Applicants must provide proof of successful completion of practical massage therapy training at an approved school. The school, at the time of attendance, **must have been approved or licensed** by an educational agency (or similar governmental authority), an accredited degree granting institution, or approved by the AMTA, or the Rolf Institute.

NOTE: Apprenticeship hours gained out-of-state (to meet Hawaii's training requirement) are not acceptable.

- 2. Within the State of Hawaii: Two (2) training options, including a combination of options, are available to people who train in Hawaii:

- a. Apprenticeship option:

The apprentice must file a completed "Training Report" with appropriate notarized signatures after a period of Board registered apprenticeship based on filing a completed "Apprentice Registration Application" form and submit proof of 150 hours of coursework as outlined under A and B above.

- b. School option:

Complete a minimum of 420 hours of practical massage therapy training in-class in an approved school. The school, at the time of attendance and graduation, must be licensed by the state department of education, an accredited degree granting institution, or AMTA-approved, or the Rolf Institute.

**Applicants must submit proof of successful completion of the above coursework. Submit** copies of certificates and transcripts which show the **breakdown in hours** in the above courses. If your transcripts indicate "credits", please have your school convert the credits to "hours". Applicants should also submit copies of course descriptions or course outlines to support the certificates or transcripts. The applicant has the burden of proving that he/she meets licensure requirements.

Applicants must also **submit verification that the institution is licensed or approved** by an educational agency (or similar governmental authority), or an accredited degree granting institution, or approved by the American Massage Therapy Association (AMTA), or the Rolf Institute or the Hawaii Board of Massage Therapy. Applicants should contact the institution attended for this documentation (for example, a copy of the school license, itself, received from the state department of education or the AMTA, and etc.). If the school is unable to provide this documentation, the applicant should contact the state department of education, or AMTA, and etc., for a letter to verify licensure/approval of the school at the time the applicant attended and graduated. Third-party proof is not needed if the accredited university, college, or school is listed in American Council on Education's directory of Accredited Institutions of Post-Secondary Education.

- II. Current certificate of cardio-pulmonary resuscitation (CPR) training for **both infant and adult** from the American Red Cross (ARC) or the American Heart Association (AHA) must be presented by the applicant at the time of application for the massage therapy examination and license. An applicant may submit a CPR certificate other than the ARC or AHA by requesting a waiver and submitting a copy of the CPR certificate, curriculum of the CPR course, name and address of the course sponsor, and all information pertaining to the course sponsor's credentials and accreditation. Board approval is required.

- III. File a completed Massage Therapist (MAT) application by the application filing deadline for Board action to be eligible for examination. The MAT application packet contains instructions, application form and the "Training Report" form used to verify Board registered apprenticeship training.

- IV. Written exam: All applicants must pass a written exam administered in Hawaii only.

- V. Licensure: Those with passing scores become eligible for licensure upon payment of the appropriate fees. Re-exam candidates deal directly with the testing agency.

NOTICE: The above requirements are subject to change at any time. Applicants must meet current licensure requirements. The Board will not waive any of the requirements and there is no "grandfather" provision.

## REQUIREMENTS - MASSAGE THERAPIST APPRENTICE REGISTRATION

### APPLICANTS ARE SUBJECT TO REQUIREMENTS IN EFFECT AT THE TIME OF FILING.

**ALL APPLICANTS:** The applicant has the burden of proving that he/she meets registration requirements. To ensure that you receive proper credit for your course work and to facilitate the review of your application, **submit** your school catalogue of course descriptions to describe the courses listed on your transcript. You may also submit a signed letter from an authorized person at the school to verify or clarify the contents of a particular course. Please be advised that credit will be given only for those courses that are clearly defined and that meet with the Board's laws and rules.

### THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION FORM:

1. Copy of complete certificate/transcript which shows successful completion of at least 50 hours of human anatomy, physiology and structural kinesiology **and** 100 hours of theory and demonstration of massage, (must include: proper procedure in providing massage therapy; recordkeeping; hygiene; theory; technique for specific conditions; contraindications for specific techniques according to conditions; draping; and assessment of the client's condition and the general technique to be applied), **and**
2. Copy of a letter or certificate from the Department of Education, American Massage Therapy Association, the Rolf Institute, or the Hawaii Board of Massage Therapy to verify that the school or program attended for No. 1 above is licensed/approved, **and**
3. "Letter of Agreement from Sponsor" and "Acknowledgement of Principal Massage Therapist" (Form MA-06a - attached) **and**
4. Completed "Application for Registration - Massage Therapist Apprentice" **and** check payable to *COMMERCE & CONSUMER AFFAIRS* in the amount specified on the attached *General Information* sheet.

**NOTE:** The courses identified in No. 1 above which were completed at accredited universities, colleges, or community colleges are also acceptable. If your transcripts indicate "credits", please have your school convert the credits to "hours".

### SOCIAL SECURITY NUMBER

Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your social security number to our agency:

#### FEDERAL LAWS:

**42 U.S.C.A. §666 (a)(13)** requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

#### HAWAII REVISED STATUTES ("HRS"):

**§576D-13(j)**, HRS requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4)** HRS which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).

### FOR APPLICANTS TRAINED IN A FOREIGN COUNTRY, SUBMIT WITH YOUR APPLICATION FORM:

1. Documents as listed in Nos. 1, 3, and 4 above, **and**
2. Letter of certification from a governmental authority (e.g. Ministry of Education) of the country in which the school was located stating that the school was licensed/approved, **and**
3. English translation of all documents (attach documents written in the foreign language), including affidavit, address, and phone number of translator.

## APPRENTICESHIP PROGRAM REQUIREMENTS

Please refer to Hawaii Administrative Rules, Subchapter 6, Apprentices, Section 16-84-23 for details.

The following are highlights:

1. The apprenticeship training program with a minimum of 420 hours shall include the following:
  - a. Clinical operations - 70 hours:
    - (1) Sanitation - application of Department of Health regulations, linen, towels: 30 hours.
    - (2) Office procedures - answering phone, taking appointments, client rapport: 30 hours.
    - (3) Record keeping - client records: 10 hours
  - b. Advanced techniques - 40 hours:
    - (1) Observation of classroom instructors: 20 hours.
    - (2) Consulting: 20 hours.
  - c. Hands-on supervised massage with recording keeping: 310 hours.
2. The minimum of 420 hours shall be completed in not less than 6 months and not more than 12 months. Extensions may be granted by the board for justifiable reasons (for example, verified medical reasons).

The effective date of the apprentice permit shall be that date that the executive secretary approves the application for the apprentice permit. That is, a person is **not** permitted to begin the apprentice program until the actual date of approval.
3. Applicants for the massage examination and license are required to have a current adult cardiopulmonary resuscitation (CPR) certificate (American Red Cross or American Heart Association) at the time of application for the exam.

**NOTE:** Upon completing your apprenticeship program, you must submit the application for the massage therapy examination and license. Call or write to request an application form and exam schedule/application deadlines or you may download an application from our website at: [www.hawaii.gov/dcca/areas/pvl](http://www.hawaii.gov/dcca/areas/pvl).

## REQUIREMENTS FOR SPONSORING THERAPIST

Possess at least three (3) years of massage therapist licensure in Hawaii **and** employed by or registered with a licensed massage therapy establishment **and** must maintain an active license throughout sponsorship period.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (800) 586-3000 to submit your request.

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
 BOARD OF MASSAGE THERAPY  
 P.O. Box 3469 Honolulu, Hawaii 96801

**APPLICATION FOR REGISTRATION – MASSAGE THERAPIST APPRENTICE**

<p><i>Type or print legibly in <b>black ink</b>.</i></p> <p>Legal Name (First, Middle) _____ (Last) _____</p> <hr/> <p>Residence Address (Include apt. no., city, state, zip code – P.O. Box is not acceptable) _____</p> <hr/> <p>Mailing Address (ONLY if different from residence) _____</p> <hr/> <p>Other names used (include maiden name): _____</p> <hr/> <p>Social Security No. _____ Phone No. (days) _____</p>		<b>BOARD USE</b>	Approved/denied	Date of Approval
		Effective	Expiration	
		Permit No. <b>R</b>	Mailed	

Circle answers & explain when needed:

- 1) Are you at least 18 years of age? ..... YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... YES NO
- 3) Have you completed at least 150 hours of studies as prescribed by the Hawaii Board of Massage Therapy rules at an institution recognized by the board and have you attached evidence of completion? ..... YES NO
- 4) Have you ever held or applied for a massage apprentice permit in Hawaii? ..... YES NO
- 5) a. Do you hold or have you ever held a massage therapy license in this or any other jurisdiction? ..... YES NO  
 If "yes", Jurisdiction \_\_\_\_\_  
 License No. \_\_\_\_\_ Effective Date(s) \_\_\_\_\_
- b. Was any license ever revoked, suspended or otherwise subject to disciplinary action? ..... YES NO  
 If "yes", Date \_\_\_\_\_ Place \_\_\_\_\_  
 Type of disciplinary action \_\_\_\_\_
- c. Are you presently being investigated or is any disciplinary action presently pending against you? ..... YES NO  
 If "yes", Date \_\_\_\_\_ Place \_\_\_\_\_  
 Type of disciplinary action \_\_\_\_\_
- 6) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? ..... YES NO  
 If "yes", Date \_\_\_\_\_ Place \_\_\_\_\_  
 Type of conviction \_\_\_\_\_  
 Attach copies of court documents and/or records pertaining to conviction including fulfillment of conditions of each sentence.

**Affidavit of Applicant:**

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Sec. 710-1017, Sections 436B-19, and 452-24, Hawaii Revised Statutes). I further certify that I have read, understand, and shall obey all laws and rules pertaining to the Board of Massage Therapy.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL NOT BE RETURNED TO THE APPLICANT. THIS SHALL RESULT IN THE APPLICANT HAVING TO DELAY COMMENCEMENT OF THE APPRENTICESHIP PROGRAM.**

**HAVE YOU REMEMBERED TO:**

1. Sign your application.
2. Attach your check made payable to COMMERCE AND CONSUMER AFFAIRS in the amount of \$50 (nonrefundable application fee).
3. Attach a complete transcript of your course work. If your transcripts indicate "credits", have your school convert the credits to "hours".
4. Attach a school catalogue of course descriptions (to further clarify your transcript).
5. Attach proof showing that the school was licensed/accredited.
6. Attach completed and signed "Letter of Agreement from Sponsor" and "Acknowledgement of Principal Massage Therapist".

**FOR COMPLETION BY THE APPRENTICE'S PRINCIPAL MASSAGE THERAPIST AND SPONSORING MASSAGE THERAPIST.** Principal and Sponsoring Massage Therapists must be licensed throughout apprenticeship period. **EVERY BLOCK MUST BE COMPLETED.** (*Sponsor must possess at least three years of massage therapist licensure in Hawaii and employed by or registered with a licensed massage therapy establishment and must maintain an active license throughout sponsorship period. The number of apprentices sponsored shall not exceed ten.*)

**LETTER OF AGREEMENT FROM SPONSOR**

Name of Applicant:		
Name of Sponsor ( <i>First, middle</i> )	( <i>Last</i> )	License Number of Sponsor: MAT-
ORIGINAL date of license:	Expiration date of license:	Hours per week I will supervise: hrs.
<p>1) I have been currently licensed in this state for at least 3 years. .... YES NO</p> <p>2) I understand that I am allowed to supervise not more than 10 apprentices. .... YES NO</p> <p>3) I agree to be responsible for the practical training of the person named on this application. .... YES NO</p> <p>4) I understand that training is only allowed at a Massage Therapy Establishment and not with out-call services. .... YES NO</p> <p>5) I agree to provide the person named on this application a "Training Report" when he/she completes or terminates training with me. .... YES NO</p> <p>6) I understand that I must be present on the premises at all times when my apprentice is working. .... YES NO</p> <p>7) I understand that my apprentice must first receive a permit before beginning training. .... YES NO</p>		
<p>Affidavit of Sponsor:</p> <p>I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 452-24, Hawaii Revised Statutes). I further certify that I have read, understand, and shall obey all laws and rules pertaining to the Board of Massage Therapy.</p>		
_____		_____
Signature of Sponsoring Massage Therapist		Date

**ACKNOWLEDGEMENT OF PRINCIPAL MASSAGE THERAPIST**

Name & Location of Establishment where training will take place.		Business Phone:	Establishment's Lic. No.  MAE-
Name of Principal Massage Therapist ( <i>First, Middle</i> )	( <i>Last</i> )	License Number of Principal Therapist: MAT-	
<p>1) I have read and I do understand the statutes and rules of the Massage Therapy Board. .... YES NO</p> <p>2) I understand my responsibilities as a principal massage therapist which includes, but is not limited to:</p> <p style="margin-left: 20px;">a. Ensuring that the apprentice wears a conspicuously placed name tag and the word "apprentice" with letters at least 1/3" high. .... YES NO</p> <p style="margin-left: 20px;">b. Ensuring that the apprentice is provided with a complete "Training Report" at the end of the apprentice's training program or termination. .... YES NO</p> <p style="margin-left: 20px;">c. Notifying all customers when they are to receive massage therapy from an apprentice. .... YES NO</p>			
<p>Affidavit of Principal Massage Therapist:</p> <p>I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 452-24, Hawaii Revised Statutes). I further certify that I have read, understand, and shall obey all laws and rules pertaining to the Board of Massage Therapy.</p>			
_____			_____
Signature of Principal Massage Therapist			Date