

APPLICATION FEE

Attach \$50 for each workshop. The application fee is non-refundable. Make check payable to: Commerce & Consumer Affairs.

NOTE: *One of the numerous legal requirements that you must meet is the payment of fees as set forth in this application. You may be sent an approval notice before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your workshop will not be valid, and you may not conduct the workshop. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

If for any reason your application is denied, 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 approves workshops, and must be made within 60 days of notification that your application for a license has been denied.

APPROVAL

Please be advised that approval of the workshop is valid until June 30 of every even numbered year, and is only valid for the instructors, location, dates, and course (i.e., subject matter and hours) as stated on the application. Subsequent approval to conduct the same workshop at any other time prior to June 30 of every even numbered year is not required unless there is a change in the instructor(s), course, subject matter, or hours. If there is such a change, the Board's approval shall be invalidated and you will need to submit a new workshop application that shall be subject to the Board's approval.

Please be further advised that the licensed therapist instructor shall provide a completion certificate to any person who successfully completes the workshop. The certificate shall be signed by the instructor and include at the very least, the name of the student, name of the workshop, dates of the workshop, and total number of hours completed.

The Board may withdraw approval at any time for good cause and the provider and/or instructor may file an appeal in accordance with Hawaii Revised Statutes chapter 91.

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

APPLICATION TO CONDUCT A MESSAGE THERAPY WORKSHOP		FOR OFFICE USE ONLY	Approval/date:	
Legal Name of Applicant:			Date Effective	License No.
Mailing Address:				
Telephone:	MAT License No.: MAT-			
LEGAL NAME OF MATS WHO TEACH	MAT LICENSE NO.	Date of original License	Expiration Date of License	
Days of workshop:	Time of workshop:			
Start date of workshop:	Ending date of workshop:			
Name of massage establishment where training is to be held:		Massage Establishment Lic. No.:		
Address of Establishment (location):		MAE - Telephone No.:		

Course content of training including subjects and hours (refer to Hawaii Administrative Rules, section 16-84-23(i):

Affidavit of Applicant:

I certify that the answers and statements on this application and on the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of permit (*Sec. 710-1017, Sections 452-24 and 436B-19, Hawaii Revised Statutes*).

_____ Date

_____ Signature of Applicant

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT. THIS MAY RESULT IN THE APPLICANT HAVING TO DELAY COMMENCEMENT OF THE 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).