This form may be printed, completed and mailed to the address listed below.

Attachment B

DHHS
NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH – Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-2117

APPLICATION FOR A CHANGE TO THE MASSAGE THERAPY SCHOOL LICENSE

Check the appropriate type of change in license for which you are applying:

- ☐ Change in Name **FEE: $ 10.00**
- ☐ Change in Owner **FEE: $ 10.00**
- ☐ Change in Location **FEE: $150.00**

Print or Type

SECTION A - SCHOOL INFORMATION (All applicants must complete this section)

1	Current Name of School:			
	New Name of School:			
2	Current Address:	Street/PO/Route:		
		City:	State:	Zip:
	New Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Telephone Number:			

SECTION B - OWNER/BOARD OF DIRECTORS OF THE SCHOOL (All applicants must complete this section)

Additional information requested (***This information is not displayed on the internet)***

4	Address of the Owner of the Business	Street/PO/Route:		
		City:	State:	Zip:
5	If the applicant is a sole proprietorship, identify the social security number of the owner (this is **REQUIRED INFORMATION**) Social security numbers obtained under this section shall not be public information but may be shared by the department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to such information.			SS #:
6	Federal Identification Number (FIN) (in the event a refund is warranted)			FIN#:
7	Business Phone #: (optional)		Business Fax # (optional)		Owner/Business E-Mail Address: (optional)	
8	Name of each Person in Control of the Business (if space is not adequate, attach additional sheet)			

Indicate the type of owner of this business:

- ☐ Sole proprietorship
- ☐ Partnership
- ☐ Limited 1 liability company that has only one member
- ☐ Limited liability company that has **more than** one member
- ☐ Corporation
- ☐ Governmental unit
- ☐ Other: Identify Type _____

9	Is this a change of Owner?	Yes	No
		☐	☐

NOTE: Licenses expire November 1st of each odd-numbered year.

COURSE OF STUDY: Indicate and changes below by placing a check mark in the appropriate box(s)

☐	The curriculum plan which lists all of the subjects offered for completion of the massage therapy course of study - if yes, please submit a revised plan.	
☐	The syllabus for each subject taught, has changed. Check the area of change (in the column to the right) and complete **Attachment B1** or you may use your own document to indicate the changes. If no changes to the syllabus/subjects has occurred, you are NOT required to complete Attachment B1.	☐ Title of course; ☐ Instructor's Name; ☐ Hours associated with each subject; ☐ Description of course; ☐ Course objectives; ☐ Text books and Resource or Supplement References ☐ Grading System; and ☐ Week by Week or day by day class schedule.
☐	Staff or school manager – if yes, identify new staff and submit a resume, vita or similar documentation for each;	
☐	The school handbook or school bulletin – if yes, submit a new copy;	
☐	The rules of the school – if yes, submit a new copy;	
☐	The schedule of proposed hours of school operation – if yes, submit the new hours of operation;	

SECTION C – LICENSED PHYSICIAN (The proposed school must have regularly licensed physician (current license to practice medicine and surgery or Osteopathic Medicine) affiliated with the staff)

Is there a change in licensed physician?					Yes ☐	No ☐
If yes, complete the following information:						
1	Physician's Name:	First:	Middle/MI:	Last:		
2	Address:	Street/PO/Route:				
		City:	State:	Zip:		
3	License Number:	State Licensed In:				
	Type of License:	☐ Medicine/Surgery	☐ Osteopathic Medicine			

SECTION D – MASSAGE THERAPIST(S) AND MANAGER EMPLOYED BY SCHOOL

Is there a change in instructor(s)?				Yes ☐	No ☐
If yes, complete the following information:					
				License Number	State Licensed
1	First:	Middle:	Last:		
2	First:	Middle:	Last:		
3	First:	Middle:	Last:		
4	First:	Middle:	Last:		
5	First:	Middle:	Last:		
Is there a change in Manager?				Yes ☐	No ☐
If yes, complete the following information:					
1	First:	Middle:	Last:		

SECTION E – HOURS OF OPERATION (List below the hours/days the school is open)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

SECTION F – ATTESTATION
An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of $10 per day up to $1,000, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the person making application, I am of good character, and the statements on this application are true and complete. I further state:

I further state that:

1	Have you operated this business **at this address** in Nebraska prior to the application for a license?	☐ Yes ☐ No
2	If yes, what are the actual number of days you operated **at this address** in Nebraska:	# of days:

If the applicant is a <u>sole proprietorship</u>, for the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows:

☐ I am a citizen of the United States.

☐ I am a qualified alien under the Federal Immigration and Nationality Act.
My immigration and alien number are as follows: _____ and I agree to provide a copy of my USCIS document

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

The application must be signed by (place a check mark in the appropriate box below) and sign & date:

☐ 1. The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited 1 liability company that has only one member;
☐ 2. Two of its members if the applicant is a limited liability company that has more than one member;
☐ 3. Two of its officers if the applicant is a corporation;
☐ 4. The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
☐ 5. If the applicant is not an entity described in 1 through 4 above, the owner or owners or, if there is no owner, the chief executive officer or comparable official.

Signature of Applicant _____ date _____

Signature of Applicant _____ date _____

Complete this attachment only if the curriculum has changed

Massage Therapy Subjects

Name of School: _____

The training offered must include a total of **1,000** hours earned in not less than 9 months. The 1,000 hours must be distributed in the following subject areas:

A. 300 hours relating to the clinical practice of massage therapy ; and
B. 100 hours of training in each of the following:

- physiology
- massage
- pathology
- health service management
- anatomy
- hydrotherapy
- hygiene and practical demonstration

You are required to complete a subject syllabus for each subject taught. We have provided space for the required subjects. You may make additional copies.

Subjects

100 hours in Physiology which may include but is not limited to endocrinology, biochemistry, interaction of hormones to the body's balance and metabolism, function of human body, and organ systems, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Anatomy which may include but is not limited to structure of the human body, study of cells, tissues, bones, muscles, organ systems, histology, embryology, kinesiology, etc.	
Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Massage which may include but is not limited to history of massage, benefits of massage, physiology of massage, equipment and procedures, psychology of massage, interpersonal client contact, relaxation and visualization, proper draping techniques, general guidelines for massage, principles of body massage, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours of Hydrotherapy which may include but is not limited to history, benefits of water treatment, cryotherapy, body wraps, salt glows, body shampoos, hot packs, steam cabinets, dry brushing, therapeutic modalities, methods of cold application, heat therapy, contrast baths, skin contra-irritants, spas, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Pathology which may include but is not limited to definition of pathology and disease, pharmacology, pathology of body systems, disease entities including cause and effect, blood pressure, pulse monitoring;

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Hygiene (Health wellness) and **Practical Demonstration** which may include but is not limited to physiology of digestion, weight control, herbal therapy, nutrition, food combining, supplementation, wellness, hygiene principles & practices, CPR, first aid, equipment and sanitation, infectious and contagious disease control, various massage therapy techniques and demonstration, hands-on training, student clinic hours, etc.;

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

100 hours in Health Service Management which may include but is not limited to professional ethics, legalities of massage, business practices, promotion, employment opportunities, oral presentations, telephone techniques, marketing plan, sales techniques, resumes, bookkeeping, financial management, insurance coverage, networking, interview techniques, etc.;

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System:

300 hours relating to the clinical practice of Massage Therapy shall be obtained in subject areas related to the clinical practice of massage therapy - which may includes but is not limited to reflexology, deep tissue massage, Swedish massage, sports massage, pregnancy & infant massage, physiology & psychology of exercise, acupressure therapy, management techniques, stress & practices, hands-on-training, review of Health histories, documentation, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System: