



Bureau of Professional Licensing
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CERTIFICATION OF COMPLETION OF MASSAGE THERAPY SUPERVISED CURRICULUM

Authority: 1978 PA 368

This form must be submitted directly to this office by your educational institution. If this form is submitted by the applicant, it will not be accepted.

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last)		Date of Birth
Name of Educational Institution/Program		
Street Address of Educational Institution/Program		
City	State	Zip Code

Remainder of Form to be Completed by the Program Director

CERTIFICATION AND SIGNATURE

Did the student present satisfactory evidence of an approved United States high school diploma or the equivalent for admission to the massage therapy program noted above? YES NO

I certify the applicant named above attended the educational institution noted from _____
(Month/Day/Year)
 to _____
(Month/Day/Year Completed)

The supervised curriculum the applicant attended and completed included course work as checked below:

- 500 hours of classroom instruction as defined in R 338.701(e)
- 200 hours of massage and bodywork assessment, theory, and application instruction
- 125 hours of instruction on the body systems, which includes anatomy, physiology, and kinesiology
- 40 hours of pathology
- 10 hours of business, professional practice, and ethics instruction, with a minimum of 6 hours in ethics
- 125 hours of instruction in an area or related field, as determined by the school, that completes the massage therapy program of study, which shall include a minimum of 40 hours performing massage therapy services in a supervised student clinic supervised by a licensed massage therapist

 Signature of Program Director

 Date

 Name of Program/School

(Seal) If academic institution has no seal, please indicate.