



Bureau of Professional Licensing
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CERTIFICATION OF COMPLETION OF MESSAGE 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 First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)
List any other name or alias by which you have ever been known, including maiden name, if applicable			
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

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

I certify the applicant has successfully completed a supervised curriculum that satisfies the requirements of R 338.722, R 338.726 and MCL 333.17959 of the Public Health Code and contained the below course work:

Classroom instruction included the following total hours (check appropriate box):

At least 500 total hours of classroom instruction, if the applicant is or was enrolled in school **before** August 1, 2017

I further certify that the classroom instruction included the following (check all appropriate boxes):

- 40 hours performing massage therapy services in a student clinic that is supervised by a licensed massage therapist
- 85 hours of instruction in an area or related field, as determined by the school, that completes the massage therapy program of study
- 200 hours of massage and bodywork assessment, theory, and application instruction
- 125 hours of instruction on the body systems, that 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

OR

At least 625 total hours of classroom instruction, including the above, if the applicant is or was enrolled in school on or **after** August 1, 2017

I certify under penalty of perjury the above information is true and complete.

 Signature of Program Director _____
 Date

 Name of Program/School (Seal) If academic institution has no seal, please indicate.