



Bureau of Professional Licensing
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CERTIFICATION OF MASSAGE THERAPY SUPERVISED CURRICULUM

Authority: 1978 PA 368

This form must be submitted directly to this office by the Program Director or the Registrar of the Institution in which you completed your supervised curriculum. Please have it emailed to: bpldata@michigan.gov. Forms submitted by applicants will not be accepted.

Print or Type

Student's First Name	Middle Name	Last Name	Date of Birth (MM/DD/YYYY)
Name of Educational Institution			
Address of Educational Institution			
City	State	Zip Code	
Date of Admission		Date of Completion	

CERTIFICATION AND SIGNATURE

I certify the applicant named above has successfully completed a supervised curriculum that satisfies the requirements of the Administrative Rules and MCL 333.17959 of the Public Health Code as indicated below:

The applicant listed above was enrolled in school on or after January 10, 2020, and completed a minimum of 625 hours of coursework that satisfies the requirements of R 338.722a. Additionally, the institution complies with R 338.726 by meeting one of the following:

(a) This is an Assigned School designated by the National Certification Board for Therapeutic Massage & Bodywork (NCBTMB). Our Assigned School Code is: _____.

OR

(b) This is a massage therapy program accredited by the Council for Higher Education Accreditation (CHEA) or by the United States Department of Education. Our Database of Postsecondary Institutions and Program (DAPIP) ID is: _____.

Signature of Program Director or Registrar

Date of Signature

Type or Print Name of Program Director or Registrar