



**Massage Assistant**  
**APPLICANT INFORMATION**

Full Legal Name: \_\_\_\_\_  
*First Middle Last*

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
*Street Address (including Apt/Unit/Ste #) and/or PO Box*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
*Note: All Division notices and communication will be sent to this email.*

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

Driver License or State ID Card: \_\_\_\_\_  
*State of Issue License Number Expiration Date*

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

**AFFIDAVIT AND RELEASE**

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



QUALIFYING QUESTIONNAIRE

Read thoroughly and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

- 1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise disciplined in any way?
2. Yes No Do you CURRENTLY have any administrative or criminal action, active or pending?
3. Yes No WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a misdemeanor in any jurisdiction?
4. Yes No Have you EVER pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a felony in any jurisdiction?

If you answered "Yes" to questions 1, 2, 3, or 4, above, upload complete information with respect to all circumstances and the final result, if such has been reached, for each yes answer above.

If you answered "Yes" to questions regarding any misdemeanors or felonies in any jurisdiction you must submit the following for EACH and EVERY incident:

- personal account of the incident
court record(s)
police report(s)
probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

Please DISCLOSE the following:

- charges that were later held in abeyance, diverted, reduced, or dismissed.
motor vehicle offenses such as driving while impaired or intoxicated.
if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).

You do NOT need to disclose:

- minor traffic offenses such as parking or speeding violations.
juvenile offenses, unless you were tried as an adult.
legally expunged or sealed criminal history incidents.

For more information, see DOPL's criminal history FAQs.

MESSAGE ASSISTANT ATTESTATION

I understand that I may only practice as a massage assistant under the indirect supervision of a massage therapy supervisor as defined by Utah Code § 58-47b-102(8).

I understand that as a Licensed Massage Assistant, that my scope of practice is limited to the Practice of Limited Massage Therapy as defined by Utah Code § 58-47b-102(9).

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature: Date:

Printed Name:



**CRIMINAL HISTORY DISCLOSURE STATEMENT**

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement> . Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please see our website, [www.dopl.utah.gov/fingerprints.html](http://www.dopl.utah.gov/fingerprints.html), for required information and approved locations to obtain fingerprints.

Completed fingerprint cards can be mailed to:  
**Division of Professional Licensing**  
**P.O. Box 146741**  
**Salt Lake City, UT 84114-6741**

**REVIEW OF YOUR CRIMINAL RECORD:** If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of [Utah Code § 63G-4-301](#) and [Utah Admin. Code R151-4-902](#).



## Verification of Completion of Massage Assistant-in-Training Program

To be submitted by applicants who completed an approved formal education program consisting of not less than 300 hours of training and meeting the education requirements outlined in R156-47b-302d.

### APPLICANT INFORMATION: (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Middle Last

Assistant-in-Training License Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
Mark N/A for school program

### EDUCATION: (TO BE COMPLETED BY THE OFFICIAL PROGRAM REPRESENTATIVE:.)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Please list the total number of hours of training in each of the following categories:

#### 150 hours of direct-supervision, face-to-face, training including:

**Anatomy and Physiology** (40 hours minimum): \_\_\_\_\_

**Pathology** (20 hours minimum): \_\_\_\_\_

**Massage Theory** (10 hours minimum): \_\_\_\_\_

**Massage Techniques** (including the 5 Basic Swedish Massage Strokes 40 hours minimum): \_\_\_\_\_

**Hands-on instruction in chair massage, body wraps, aromatherapy, and reflexology;**  
with associated tools and techniques (30 hours minimum): \_\_\_\_\_

**Professional Standards, Ethics, and Business Practices** (5 hours minimum): \_\_\_\_\_

**Sanitation and Universal Precautions** (including CPR and First Aid; 5 hours minimum): \_\_\_\_\_

#### 150 Hours of indirect supervised training:

**Client Services** (performed on the public; 150 hours minimum): \_\_\_\_\_

**TOTAL HOURS OF ALL TRAINING (300 HOURS MINIMUM):** \_\_\_\_\_

### INSTRUCTOR ATTESTATION:

By signing below, I certify that the applicant named above has successfully completed a program of Massage Assistant training as outlined in [R156-47b-302d](#).

I further certify that the applicant is qualified and competent to practice as a licensed massage assistant.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Massage Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**LMT Instructor:** Please place this form in an envelope and sign over the envelope flap.

**SCHOOL OFFICIAL:** Please affix the school seal to the left, attach a COPY of your **Letter of Accreditation** and place this form in an envelope with the school seal over the envelope flap.

Please provide completed envelope to the applicant to include with their application or send to DOPL [from the school or instructor](mailto:b2@utah.gov) by mail or email to [b2@utah.gov](mailto:b2@utah.gov).

If training was from a recognized Massage School, please affix the school seal here



**APPLICATION CHECKLIST AND INSTRUCTIONS**

*This checklist is for your convenience; you do not need to include it with your application.*

**NOTE: Incomplete applications will be denied.**

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

**ALL APPLICANTS**

The following items are required to complete your application:

- \$65.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".
- Fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Please see our website, [www.dopl.utah.gov/fingerprints.html](http://www.dopl.utah.gov/fingerprints.html), for required information and approved locations to obtain fingerprints.
- Verification of Completion of Massage Assistant-in-Training Program.
- A passing exam score on the *Utah Massage Assistant Theory, Law, and Rule Examination*.

Submit completed application to the Division:

By US Postal Service:

**Division of Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Division of Professional Licensing  
Heber M Wells Building, 1st Floor  
160 E 300 S  
Salt Lake City, UT 84111**

If you have questions, please contact the Division at 801-530-6628 or by email at [B2@Utah.gov](mailto:B2@Utah.gov).