



ELIGIBILITY VERIFICATION FOR APPLICANT FOR MASSAGE THERAPIST
PLEASE BRING ALL DOCUMENTS LISTED WHEN SUBMITTING YOUR APPLICATION.

Name _____

1. New _____ Renewal _____ Home Occupation _____

2. Completed Application _____
(With Manager's signature from place of employment)

3. Fee: \$50 _____; Fingerprint Fee :\$35 _____

4. Proof of Age (City will copy Driver's license) _____

5. Valid certification in First Aid _____current or Applicant is licensed as of December 31, 2008*.
Valid certification in CPR or equivalent _____ current or Applicant is licensed as of
December 31, 2008*.

Educational Requirements:

Applicant has successfully completed a course of instruction made up of not less than five hundred (500) hours of instruction in the theory, method or practice of massage from a National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) approved school.

6. Certified Transcript _____

Transcript from more than one school Yes _____ No _____

Additional Documentation:

1. Letter from school certifying that number of hours meets requirements Yes _____ No _____

OR:

2. Applicant has successfully passed the National Certification Examination for Therapeutic Massage and Bodywork Yes _____ No _____.

OR:

3. Applicant is currently licensed or has been licensed with the City of Merriam, Kansas as of December 31, 2008.
Yes _____ * No _____.

*All Massage Therapist applicants who were validly licensed by the City with an occupational license for massage therapy on December 31, 2008 shall have until May 1, 2011 to satisfy the educational and training requirements of this Chapter; provided, however, that such massage therapist applicants shall provide proof of successful completion of the requirements for certification in first aid and in cardiopulmonary resuscitation as set forth in Section 15-15 by March 31, 2009. Merriam Municipal Code § 15-12, B. 8 (b).

7. Renewal Applicants:

Continuing Education Requirements: An applicant shall provide proof of compliance with continuing education requirements of the NCBTMB or the American Massage Therapy Association (AMTA) in effect at the time of application.

Renewal Year: 1 _____ 2 _____ 3 _____ 4 _____ Number of Hours completed: _____

8. Photographs taken by Merriam Police Department _____

9. Fingerprints obtained by the Merriam Police Department _____

10. Background check approved by the Merriam Police Department _____

11. Identification Card Issued by the Merriam Police Department _____

License Number : _____