



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

**MESSAGE THERAPY
APPLICATION FOR
PRELIMINARY EDUCATION**

FOR BOARD USE ONLY		
FEE: \$35.00		
BK: _____	PG: _____	LN: _____
DATE REC'D: _____		PMT: _____
NO: _____		DATE ISSUED: _____
APPROVED BY: _____		

TO BE COMPLETED BY APPLICANT

Your social security number is required to facilitate reporting to the federal Healthcare Integrity & Protection Data Bank (42 U.S.C. §1320a-7e(b), 5 U.S.C. §552a, and 45 C.F.R. pt. 61) and for accurate identification under the federal and state child support enforcement law (42 U.S.C. §666 and §3123.50. O.R.C.) It may also be used for reporting to the National Practitioner Data Bank (42 U.S.C. §11101 and 45 C.F.R. pt. 60) and for other investigative/enforcement purposes in compliance with Chapters 4730., 4731., 4760. or 4762., O.R.C. or as otherwise required by state or federal law.

U.S. Social Security No.				
Applicants Full Name	Last	First	Middle	Suffix (Jr., II)
Current Address	Number & Street		Apt.	Date of Birth
	City		State	
High School of Graduation			Date of Graduation	month/day/year / /
Signature of Applicant			Date	

TO BE COMPLETED BY MESSAGE THERAPY SCHOOL

I hereby certify that I have checked the *check only one* → high school transcript of the above named applicant.
 GED transcript

I further certify that I have checked any name change documents with respect to any name changes the applicant may have.
 I hereby recommend the applicant be granted a preliminary education certificate.

Date Classes Begin:	month/day/year / /
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School Seal

(If none, have form notarized)

Name & Address of Massage Therapy School	Name	
	Street Address	
	City	State
Signature of President, Dean or Secretary		
Position		
Date		

MASSAGE THERAPY
PRELIMINARY EDUCATION APPLICATION INSTRUCTIONS

1. Complete the **MASSAGE THERAPY - APPLICATION FOR PRELIMINARY EDUCATION** in its entirety.
2. Submit a check or money order in the amount of **\$35.00** made payable to the **State Medical Board of Ohio** with your application. **FEES SUBMITTED ARE NEITHER REFUNDABLE NOR TRANSFERABLE.**

Application Process

The application and appropriate fee must be received at the Board offices or postmarked no later than the first day the student attends the classes. Failure of the student to submit the preliminary education application within the timeframe shall invalidate the hours earned in that academic term from the total required to qualify to sit for the licensing exam.

The application processing time is ordinarily 2-3 weeks after receipt of an application and fees by the Board. An incomplete application or any unusual circumstances may delay processing.

Preliminary Education Certificate

Upon issuance of an Ohio preliminary education number, a certificate will be sent to the student in approximately 2 to 3 weeks.

Please be advised that verification of the preliminary education number may also be obtained directly from the Board's website at www.state.oh.us/med/.

The Board may randomly select applications for verification that all preliminary education requirements have been met. Students whose applications are selected shall submit additional documentation of compliance with the preliminary education requirements as the Board may require.