



**MESSAGE THERAPY
CERTIFICATE OF EDUCATION**

Instructions to school: This form is not to be completed prior to graduation. Please complete the form and email to the State Medical Board of Ohio at med.license@med.ohio.gov.

This certifies that _____ received a diploma from
Name of applicant, print legibly

_____ on _____
Name of massage therapy school date of graduation (mo/day/yr)

Dates of attendance to _____ to _____
mo/day/yr mo/day/yr

I further certify that he/she has completed a Massage Therapy Program and his/her instruction included Theory and Practical with hygiene, along with the following subjects related to Massage: Anatomy, Physiology, Pathology, Ethics, Business and Law, and such other subjects as the State Medical Board of Ohio deems necessary and appropriate to Massage Therapy.

The course of instruction was for a period of not less than _____ and minimum of clock _____.
months hours

Signature of President, Dean or Secretary or Designee
(NAME STAMPS ARE NOT ACCEPTABLE)

Name (please print)

Position