

## MASSAGE THERAPY CERTIFICATE OF EDUCATION

**Instructions to school:** Please complete the form and return to the State Medical Board of Ohio at the above address. **Please note that form is not to be completed prior to graduation.** Also, submit a copy of the applicant's diploma.

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

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

I further certify that he/she has completed instruction in Massage and that his/her instruction included: practical and theoretical instruction in Massage and the following as related to Massage: Anatomy, Physiology, Pathology, Ethics, Clinical Program, Business and Law, and Hygiene and such other subjects as the State Medical Board of Ohio deems necessary and appropriate to Massage. The course of instruction was for a period of not less than \_\_\_\_\_ months and minimum of \_\_\_\_\_ clock hours.

Dates of attendance \_\_\_\_\_ to \_\_\_\_\_  
mo/day/yr mo/day/yr

### SCHOOL SEAL

(If school has no seal, indicate and have form notarized)

\_\_\_\_\_  
Signature of President, Dean or Secretary or their designee  
(NAME STAMPS ARE NOT ACCEPTABLE)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Position