



State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: <http://med.ohio.gov/>

MASSAGE THERAPY APPLICATION FOR PRELIMINARY EDUCATION CERTIFICATE

FOR BOARD USE ONLY FEE: \$35.00
No: _____
Issued: _____

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 (print clearly)	_____ Last First Middle Suffix (Jr., II)		
Current Address	_____ Number & Street _____ City State Zip Code	Date of Birth	_____ month/day/year / /
High School of Graduation		Date of Graduation	_____ month/day/year / /
Signature of Applicant		Date	

TO BE COMPLETED BY MASSAGE 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 above applicant be granted a preliminary education certificate.

Date Classes Begin	month/day/year / /
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School Seal (If none, have form notarized)
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Name and Address of Massage Therapy School	School Name: _____
	Street Address: _____
	City: _____ State: _____ Zip Code: _____
Signature of President, Dean or Secretary	_____
Print Name legibly	_____
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 **Ohio Treasurer Richard Cordray** 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 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 fee 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 certificate may also be obtained directly from the Board's website at <http://med.ohio.gov> in the "Licensee Profile and Status" section. The website is updated immediately to reflect newly issued preliminary education certificates.

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.