



FORM C PROFESSIONAL WORK EXPERIENCE

APPLICANT'S INFORMATION *(This Section to be completed by the Applicant)*

<p>Applicant: In applying for a license as a Massage Therapist in the State of New Mexico, the Board of Massage Therapy will accept professional work experience (not to exceed one hundred fifty (150) hours) from applicants with documented proof accounting for all hours by completing Form C. These hours must have been performed legally and the applicant must provide proof of licensure or registration during the time the work was performed. 16.7.4.12 G NMAC (Faxes are not accepted.)</p>			
APPLICANT'S SIGNATURE			DATE / /
PRINT NAME - LAST	FIRST		MIDDLE INITIAL
MAILING ADDRESS - No. & Street/P. O. Box			
CITY	STATE	ZIP CODE -	
DATE OF BIRTH - -	HOME PHONE () -	BUSINESS OR MESSAGE PHONE () -	
Have you ever used a different name for school or employment? If Yes, what name(s)?			

DEFINITIONS FOR TERMS USED IN THIS FORM:

Professional Massage Therapy Experience – means lawful massage therapy services performed for compensation.

Massage Therapy - means the assessment and treatment of soft tissues and their dysfunctions for therapeutic purposes primarily for comfort and relief of pain. It is a health care service that includes gliding, kneading, percussion, compression, vibration, friction, nerve strokes, stretching the tissue and exercising the range of motion, and may include the use of oils, salt glows, hot or cold packs or hydrotherapy. Synonymous terms for massage therapy include massage, therapeutic massage, body massage, myomassage, bodywork, body rub or any derivation of those terms. Massage therapy is the deformation of soft tissues from more than one anatomical point by manual or mechanical means to accomplish homeostasis and/or pain relief in the tissues being deformed, as defined in the Massage Therapy Practice Act, NMSA 1978, Section 61-12C-3.E.

- (a) **soft tissue** includes skin, adipose, muscle and myofascial tissues;
- (b) **manual** means by use of hands or body;
- (c) **mechanical** means any tool or device that mimics or enhances the actions possible by the hands; and
- (d) **deformation** specifically prohibits the use of high velocity thrust techniques used in joint manipulations.

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I acknowledge receiving and reading the Massage Therapy Rules and Regulations and the Massage Therapy Practice Act (received either directly from the Board office or downloaded from the Board’s Website (from the RULES AND LAW link) and represent and agree to comply with these laws should I be granted the license for which I am applying.

Under penalties of perjury, I declare and affirm that the statements made in the forgoing application / Form C, including attachments, are true, complete and correct. **I understand that any false or misleading information in or in connection with, my application may be cause for denial or loss of licensure.**

The applicant named above is being considered for Massage Therapy licensure in the State of New Mexico. In order to formally and officially verify applicant’s massage therapy professional work experience, please complete and return this form directly to the above address along with documentation proving massage therapy professional experience. Verification documents should include:

1. A letter from your employer on company letterhead stating the dates of employment and exact number of massage therapy hours performed while employed
2. A COPY of your log book or calendar, blacking out all client information except for the date, time, and length of the massage. Do NOT send your actual log book / calendar.

Hours REQUESTED for consideration	(Employer / Business Establishment)	(Verification Documentation)

