

**NEW MEXICO MASSAGE THERAPY BOARD**  
 2550 CERRILLOS ROAD, SANTA FE, NM 87505  
 P. O. Box 25101, SANTA FE, NM 87504  
 PHONE: (505) 476-4870; FAX: (505) 476-4620  
 Website: [www.rld.state.nm.us/massage](http://www.rld.state.nm.us/massage)  
 E-mail: [Massage.Board@state.nm.us](mailto:Massage.Board@state.nm.us)

**FORM A**  
**TO BE COMPLETED BY MASSAGE THERAPY LICENSE**  
**APPLICANT'S MASSAGE THERAPY SCHOOL**

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

<b>Applicant to the School:</b> In applying for a license as a Massage Therapist in the State of New Mexico, the Board of Massage Therapy requires that the Massage Therapy School where I received my massage therapy training complete this form. Please send this completed form directly to the above address along with an official transcript of the massage therapy training I completed at your school and I. (Faxes are not accepted.)			
<b>APPLICANT'S SIGNATURE</b>			<b>DATE</b> / /
<b>PRINT NAME - LAST</b>		<b>FIRST</b>	<b>MIDDLE INITIAL</b>
<b>MAILING ADDRESS - No. &amp; Street/P. O. Box</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b> -
<b>DATE OF BIRTH</b> - -	<b>HOME PHONE</b> ( ) -	<b>BUSINESS OR MESSAGE PHONE</b> ( ) -	
Have you ever used a different name for school or employment? If Yes, what name(s)?			

**DEFINITIONS FOR TERMS USED IN THIS FORM:**

**Class/Contact Hour** – means no less than 50 minutes of any one-clock hour during which the student participated in a learning activity in the physical presence and tutelage of an instructor.

**Clinical Practicum** - means that a student is providing hands-on massage therapy to members of the public under the supervision of a registered massage therapy instructor. That instructor must be physically present on the premises for advice and assistance. The student must be enrolled at a registered massage therapy school or being trained by a registered massage therapy instructor. Clinical practicum does not include classroom practice.

**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.

**SCHOOL'S DEMOGRAPHIC INFORMATION** *(This Section to be completed by the Massage Therapy School)*

The applicant named above is being considered for Massage Therapy licensure in the State of New Mexico. To formally and officially verify applicant's massage therapy schooling, please complete and return this form directly to the above address along with an official transcript of the applicant's massage therapy training completed at your school and proof that your school was approved to operate as a private post-secondary educational institution or its equivalent at the time the applicant received his/her training.			
<b>NAME OF SCHOOL</b>			<b>BUSINESS PHONE</b> ( ) -
<b>SCHOOL DIRECTOR/ADMINISTRATOR NAME - LAST</b>		<b>FIRST</b>	<b>MIDDLE INITIAL</b>
<b>MAILING ADDRESS - No. &amp; Street/P. O. Box</b>			
<b>PHYSICAL ADDRESS (if different than mailing address)</b>		<b>CITY</b>	<b>STATE AND ZIP CODE</b>
<b>WEBSITE ADDRESS (if available) or E-MAIL ADDRESS</b>		<b>PHONE NO.</b> - -	<b>FAX NO.</b> - -



**SCHOOL IS TO SUBMIT THE FOLLOWING WITH THIS COMPLETED FORM:**

- 1. An official transcript for the named applicant; AND**
- 2. Documentation/verification that the massage school named was approved to operate as a private post-secondary educational institution or its equivalent at the time the applicant received his/her training.**

**SECTION B - OTHER** (Use this space to include any other information you would like to bring to our attention, *including providing a list of subjects, hours, and name of school which were accepted/transferred into your school* or an explanation of subjects taught within other subjects.)

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**SECTION C – MESSAGE THERAPY SCHOOL CERTIFICATION**

Under penalties of perjury, I declare and affirm that the statements made in the forgoing form, including attachments, are true, complete and correct.

**SIGNATURE**

**DATE**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PRINT NAME**

**TITLE**

Check here  if there is no School Seal

