



NMRLD

NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT

**MESSAGE THERAPY BOARD**

2550 Cerrillos Road, Santa Fe, NM 87505 (or)  
P. O. Box 25101, Santa Fe, NM 87504  
Phone: (505) 476-4870; Fax: (505) 476-4622  
Website: [www.rld.nm.gov](http://www.rld.nm.gov)  
E-mail: [message.board@rld.nm.gov](mailto:message.board@rld.nm.gov)

**MESSAGE THERAPY SCHOOL  
CURRICULUM CHANGES**

<b>FOR OFFICE USE ONLY</b>	
Date Application Received: _____	
Fee: \$50.00 Received	____/____/____
L2000 Receipt #	_____
Date Approved:	____/____/____
Approval Letter Mailed	____/____/____

**CURRICULUM CHANGE REVIEW FEE: \$50.00**

This application must be legible, either printed in black ink or typed and accompanied by the required documentation/information outlined in this application.

This application is to be used for changes (additions or deletions) to the curriculum that is outside, and not included in, the renewal process/period (non-renewal), which results in changes to the syllabi and calendar.

**AT THE TIME THIS APPLICATION IS USED THE MESSAGE THERAPY SCHOOL MUST HOLD AN ACTIVE REGISTRATION.**

**PLEASE CHECK THE CATEGORY FOR WHICH A CHANGE OF CURRICULUM IS BEING FILED:**

- Addition(s) to Curriculum**  
Check this box if there are additions to the curriculum, syllabi and calendar that are being submitted outside the renewal process/period. Additions of courses and/or hours must be reported utilizing this form within 30 days of the additions. The Board must approve any additions to the curriculum and syllabi for any course(s) enumerated in 16.7.5 NMAC **PRIOR** to the course(s) being offered.
- Deletion(s) to Curriculum**  
Check this box if there are deletions to the curriculum, syllabi and calendar that are being submitted outside the renewal process/period. Deletions of courses and/or hours must be reported utilizing this form within 30 days of the deletions. Curriculum deletions cannot result in non-compliance with the minimum curriculum requirements outlined in 16.7.5 NMAC.

**SECTION A – SCHOOL INFORMATION**

NAME OF SCHOOL		
MAILING ADDRESS - No. & Street/P. O. Box		
PHYSICAL ADDRESS - No. & Street		
CITY	STATE	ZIP CODE
SCHOOL PHONE NUMBER ( ) -	SCHOOL E-MAIL ADDRESS	SCHOOL WEBSITE ADDRESS
CONTACT PERSON		PHONE NUMBER ( ) -
NAME OF SCHOOL DIRECTOR		PHONE NUMBER ( ) -





## SECTION C – SYLLABI AND CALENDAR

**Addition(s) to Curriculum** This Section is to be completed for **additions** to the curriculum.

1. The syllabi must be provided for the addition(s) only; and the calendar needs to be provided for EACH program that has an addition(s).
2. The information outlined in this Section is to be provided **in the order** outlined below, with tabs/dividers separating each attachment and with the attachments properly labeled (syllabi, calendar), etc.
3. In addition, the month and year of submission (revision date) of the attachment to the Board must be included in the bottom right-hand corner of each page of each attachment.
4. All boxes must be checked, and all boxes checked must have the supporting documentation/information requested.

<input type="checkbox"/> Attachment 1	<p><b>SYLLABI:</b> for all curriculums in Section B1, each course must be broken down, named, and outlined exactly as provided in Section B1 of this application; in addition each course must have a separate page(s); to include at a minimum the following information. The information should be provided in the order listed here to facilitate Board review of this application.</p>
	<input type="checkbox"/> Name of course ( <b>exactly</b> as outlined in Section B1 of this application);
	<input type="checkbox"/> Detailed description;
	<input type="checkbox"/> Objectives;
	<input type="checkbox"/> Required school prerequisites;
	<input type="checkbox"/> Where applicable, required Massage Therapy Board prerequisites;
	<input type="checkbox"/> Total number of class or contact hours required ( <b>exactly</b> as outlined in Section B1 of this application) to include the definition of class hour as stated in 16.7.5.8. NMAC;
	<input type="checkbox"/> Name of instructor(s); and where applicable, include the registration number of the Massage Therapy Instructor. Instructors who are registered as Massage Therapy Instructors must be listed with the name exactly as inscribed on their registration;
	<input type="checkbox"/> Instructional materials to be used;
	<input type="checkbox"/> Provisions for make-up work, if any;
	<input type="checkbox"/> Requirement for successful completion;
	<input type="checkbox"/> Revision date to be placed at the bottom of each page in a footer.
<input type="checkbox"/> Attachment 2	<p><b>CALENDAR:</b> The following must be provided for each program:</p> <ol style="list-style-type: none"> <li>1. The class schedule in a daily calendar format, which must document the beginning and ending dates, holidays, etc;</li> <li>2. The hours of each course taught each day, to include the name of the instructor, which must conform to the Syllabi (Attachment 1);</li> <li>3. If the syllabus contains the required information that outlines the calendar requirements, then the calendar is not required.</li> <li>4. If the calendar is not available because the Board has not approved the program, then the calendar shall be provided to the Board no later than the first day of class.</li> <li>5. <input type="checkbox"/> Check here only if the calendar requirements are outlined in the syllabi, and for that reason, a separate calendar is not attached.</li> <li>6. <input type="checkbox"/> Check here if the calendar is not available, but will be provided to the Massage Therapy Board no later than the first day of class.</li> </ol>

**SECTION D – APPLICANT’S ATTESTATION**

Under penalties of perjury, I/we declare and affirm that the statements made in the foregoing application, including attached documentation, are true, complete and correct. I/we understand that any false or misleading information in, or in connection with, the application may be cause for denial or loss of registration.	
<b>SOLE PROPRIETORSHIP OR OTHER: (Sign before Notary Public)</b> Print Name & Sign: _____	Date: _____ _ / _ / _
<b>PARTNERSHIP: (Print name and Sign before Notary Public)</b> Partner1: _____ Partner2: _____ Partner3: _____ (make a copy of this page if there are more than three partners)	Date: _____ _ / _ / _ Date: _____ _ / _ / _ Date: _____ _ / _ / _
<b>PROPRIETARY CORPORATION OR LIMITED LIABILITY COMPANY: (Sign before Notary Public)</b> Print Name _____ Signature: Corporate Officer or Corporate Director or Owner: _____	Date: _____ _ / _ / _
<b>PUBLIC INSTITUTION OR NON-PROFIT CORPORATION: (Sign before Notary Public)</b> Print Name _____ Signature: Authorized Governing Board Member: _____	Date: _____ _ / _ / _
<b>(Sign before Notary Public)</b> Print Name & Sign: School Director: _____	Date: _____ _ / _ / _

- All requested information is essential and must be provided.
- Failure to present a completed application by omitting information sought, having less than a full and complete disclosure, or failure to have the required documentation provided as required in this application, will result in delay or cause return of the application.
- The Board shall neither approve nor deny an application until it is received in proper form, contains the information required by law and as requested by this application.
- The responsibility for completing the application rests solely on the applicant.
- The burden of proof in satisfying the Board that you have met the requirements of the Act and Rules is upon you.
- **The Board does not have the authority to grant a waiver of any requirement.**