

Request for Intraoral Endorsement Training Requirements

Massage Training Information:

A massage therapist licensed under [RCW 18.108](#) may apply for an endorsement to perform intraoral massage upon completion of intraoral training.

Submit the attached request form and [fee](#).

This fee is **non-refundable**. You can check the online [fee page](#) for current fees.

16 hours of direct supervised training must include the following
(See [WAC 246-830-490](#)):

- Hands-on intraoral massage techniques, cranial anatomy, physiology, and kinesiology.
- Hygienic practices, safety and sanitation.
- Pathology and contraindications.

Supervised training must be obtained from a licensed massage therapist endorsed in intraoral massage or from an individual who is licensed, certified, or registered and who has performed intraoral massage services within their authorized scope of practice.

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Massage Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Request for Intraoral Massage Endorsement

To be completed by the applicant:

Complete top part of this form and forward it to the trainer for completion. Please print clearly.

Name	First	Middle	Last
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Birth date (mm/dd/yyyy)	Massage License Number	Hours Completed
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Address

City	State	Zip Code	County
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If the address currently on record with the Department of Health is different from the address provided above, would you like your address of record updated? Yes No

I, _____, declare under penalty of perjury under that laws of the state of Washington that the foregoing is true and correct. I understand that the Department may request additional information, if it is needed, to evaluate the application.

Applicant Signature _____ Date _____

To be completed by the approved trainer: (See [WAC 246-830-490](#))

The above individual seeks verification of direct supervised intraoral training to place an intraoral massage endorsement on his/her massage therapy license.

Trainer Name	Phone (enter 10 digit #)
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Address

City	State	Zip Code	County
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Trainer Credential Number	Dates Credentialed
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Training Specific to Intraoral Massage:

Sixteen hours of direct supervised training must include: Hands-on intraoral massage techniques, cranial anatomy, physiology, and kinesiology; hygienic practices, safety and sanitation; and pathology and contraindications.

Number of Direct Supervised Intraoral Training Hours _____

I certify that the above information is, to the best of my knowledge, accurate and complete. I understand that the department may request more information, if it is needed, to evaluate the application of the individual named on this document. I declare under penalty of perjury under the laws of the state of Washington that the following is true and correct:

- I am a licensed massage therapist endorsed in intraoral massage.
- I am an individual licensed, certified, or registered and have performed intraoral massage services within my authorized scope of practice.

Signature _____ Date _____
Qualified Trainer

Please return this form to the address listed on page one.