

Animal Massage Training Program Application Packet Contents:

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In order to process your request:

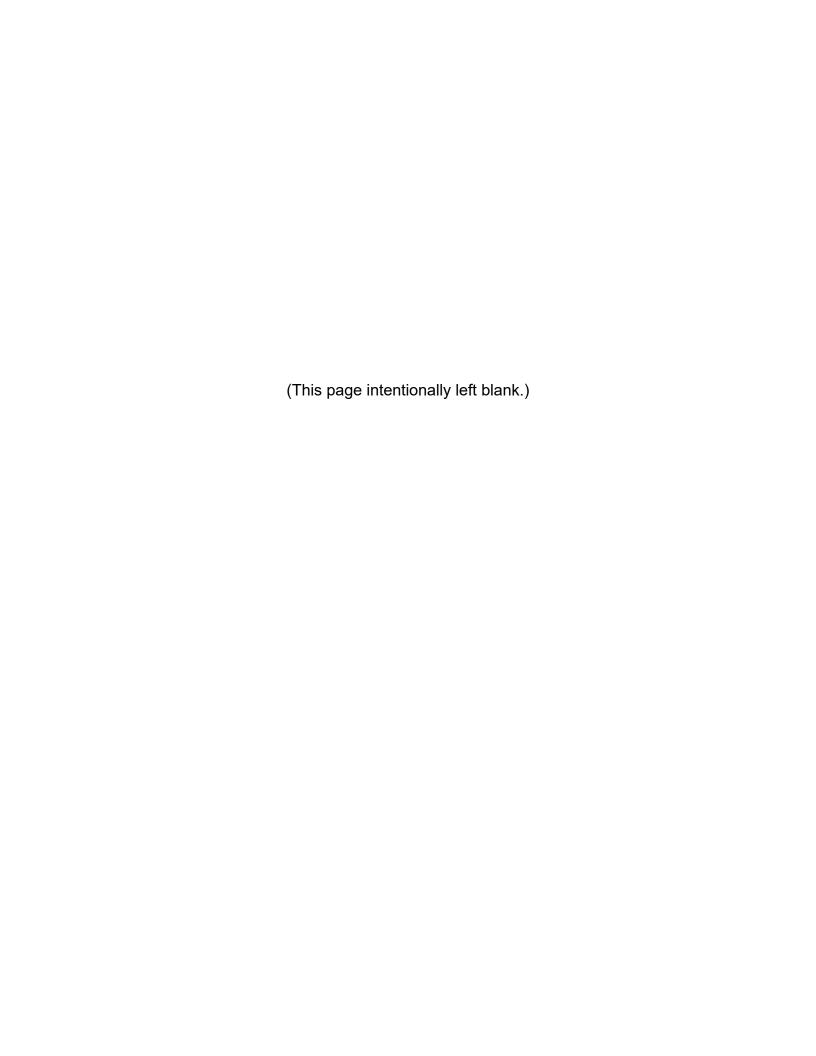
Mail your application and other documents to:

Animal Massage Program P.O. Box 47852 Olympia, WA 98504-7852

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email <u>civil.rights@doh.wa.gov</u>.

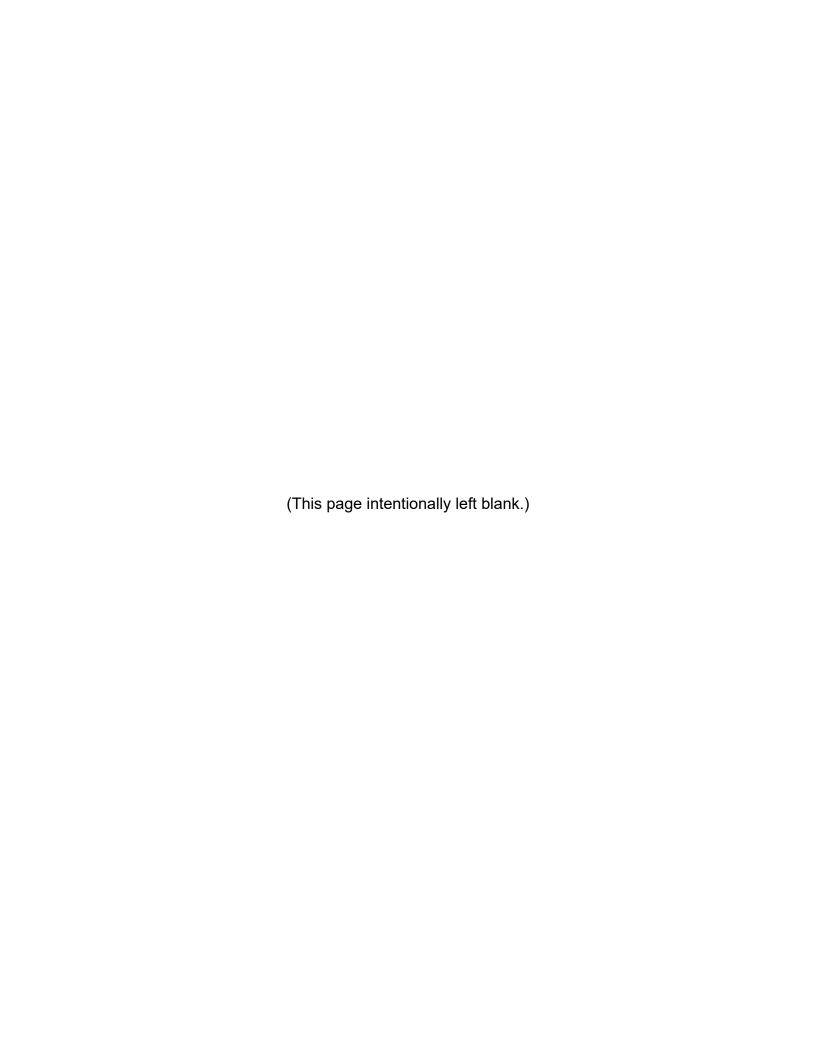




Application Instructions Checklist

All information should be printed clearly in blue or black ink. You will be notified in writing of any outstanding documentation needed to complete the process.

Use	the following checklist to help guide you through the application.
	Select the type of program you are applying for on the first page of the application: 1. Demographic Information:
	Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/Master Business License.
	Mailing Address: Enter the owner's complete mailing address.
	Phone, Fax and Cell Numbers: Enter the owner's phone, cell, and fax numbers.
	Email and Web Address: Enter the owner's email and facility Web addresses, if applicable.
	Facility/Agency Name: Enter the facility's name as advertised on signs, brochures, or Web site.
	Physical Address: Enter the facility's physical street location including city, state, zip code, and county.
	Phone, Fax and Cell Numbers: Enter the facility's phone, cell, and fax numbers.
	Mailing Address: Enter the facility's mailing address, if different than the physical address.
	Authorized Representative Name: Enter the facility's authorized representative's name.
	Authorized Representative Phone and Email: Enter the authorized representatives email and phone.
	2. Accreditation Information: List your school or program accreditation.
	3. Program Information: Provide the requested information about the program offered.
	4. Program Representative Attestation: The authorized program representative must sign and date this application.





Animal Massage Program Standards

The Animal Massage program uses the following standards and requires supporting documentation to evaluate a school/apprenticeship program's eligibility for approval:

To expedite the application process, read the instructions carefully. Please submit an application that is complete and easy to review.

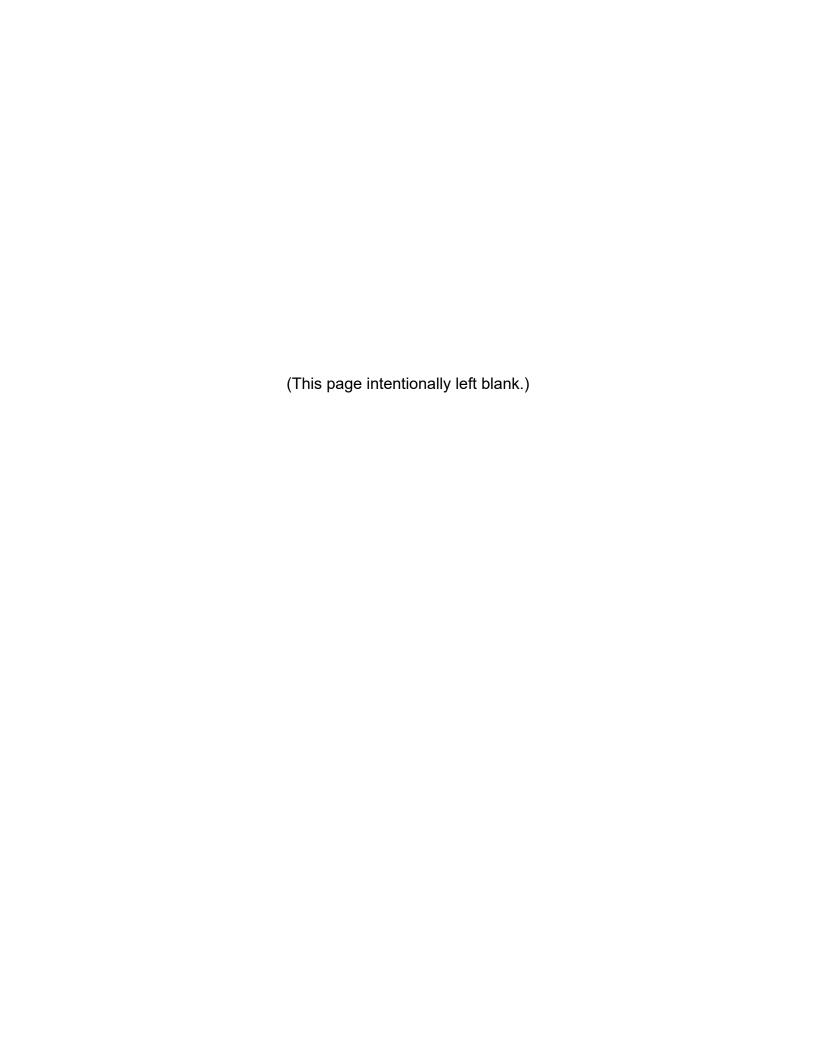
Use the following checklist to ensure that all documents are submitted.							
Completed application form							
Completed Table of Contents form							
Completed Program Courses Offered form							
Standard One Checklist – Curriculum (hours expressed as minimums)							
Massage Program Courses Offered form							
Course syllabi (one for each course offered)							
Standard Two Checklist – Accreditation/Eligibility							
Accreditation by a recognized regional or state accrediting body, or vocational or technical accrediting body							

Additional Information

To expedite the application process, read the instructions carefully and double check the application before submitting it.

The completed application packet must be submitted in a three ring binder, and contain the following:

- Completed Application packet
- Completed Table of Contents
- Supporting documents for each standard listed in the Table of Contents must have consecutive page numbers and be separated and tabbed as follows:
 - Standard One: Curriculum
 - Standard Two: Accreditation/Eligibility





Date Stamp Here

Animal Mass	age Tr	aining	j Pr	ogram	Application	
Application for: Small Animal Mas	sage Progra	m		.arge Animal	l Massage Program	
Legal Entity Type						
Association	Lir	mited Part	nersh	nip	Sole Proprietor	
Corporation		unicipality	(City))	State Government A	gency
☐ Federal Government Agency		unicipality	(Cou	nty)	☐ Tribal Government A	gency
☐ Limited Liability Company	□No	on-Profit C	orpoi	ation	☐ Trust	
☐ Limited Liability Partnership	☐ Pa	artnership				
1. Demographic Informa	tion					
UBI#		F	eder	al Tax ID (FE	EIN) #	
Legal Owner/Operator Name		'				
Mailing Address						
City		State		Zip Code	County	
School or Program Name (Business name as advertised on signs or Web site)						
Physical Address						
City		State		Zip Code	County	
Phone (enter 10 digit #)	Cell (enter	10 digit #)		Fax (enter 10 digit #)	
Mailing Address						
City		State		Zip Code	County	
Contact Email			Pro	gram/appren	nticeship Web Address	
Authorized Representative Name						
Authorized Representative Email			Auth	norized Repr	resentative Phone	

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2. Accreditati	on Information		
Please list any recogn	nized regional or state accrediting body or v	ocational or	technical accrediting body associated
with your animal mas	sage training school/program.		
2 Drogram In	formation		
3. Program In	information:		
Provide the following	illioithation about the program offered.		
Program Title			
g			
Length of Program	Hours		
Name of Certificate o	ffered		
4. Program Re	epresentative Attestation:		
	authorized representative of the above nam	and school or	r program, and that I am submitting this
	/al by the Secretary of Health in that capac		
	rapists in chapter 18.240 RCW and chapter	•	
I have reviewed the s	standards for approval, and understand that	t this annlica	tion will not be considered by the
secretary if it is incom	·	t tillo applica	and will flot be deficialled by the
•	•		
Name of Authorized F	Representative		Title
Signature of Authorize	ed Representative		Date (mm/dd/yyyy)
Signature of Authorize	od i toprodontativo		Date (IIIII/dd/yyyy)

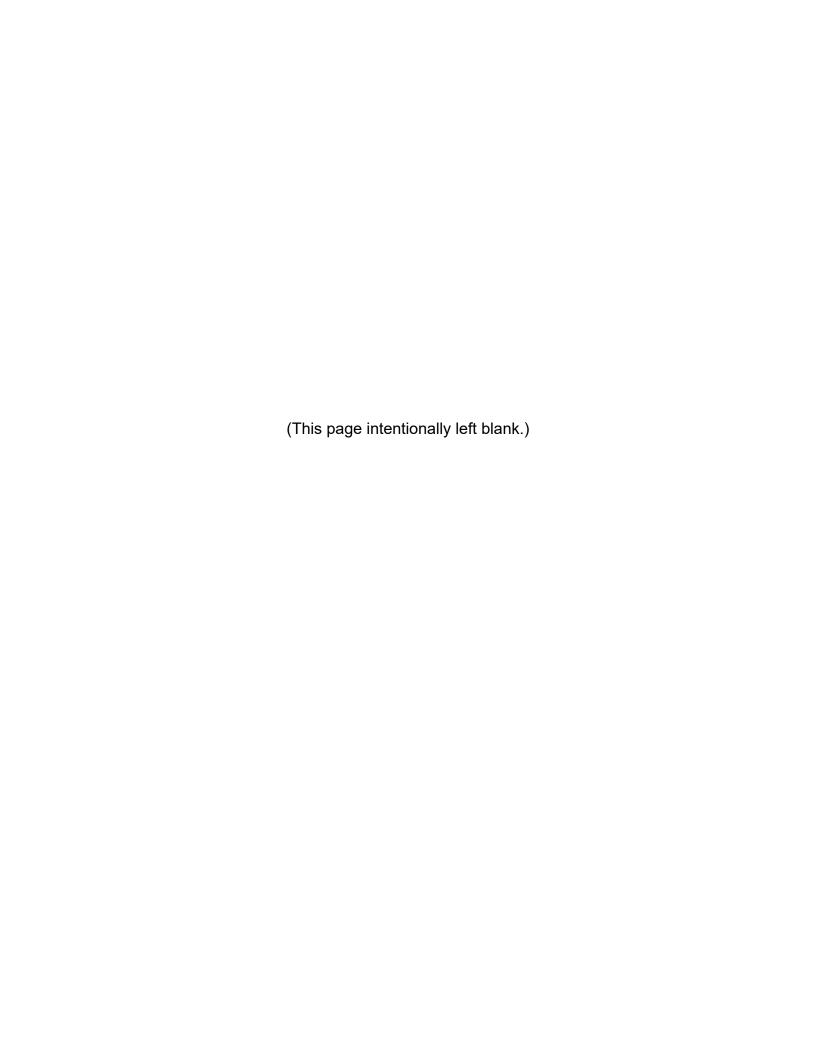
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Animal Massage Training Program P.O. Box 47852 Olympia, WA 98504-7852 360-236-4700

Animal Massage Program Application Table of Contents

Application—Complete the Department of Health Application		Page 1	
Sta	Standard 1: Curriculum		
Α.	Program Courses offered Spreadsheet	Page	
B.	 Course syllabi (one for each course offered) must include the following: Course title Subject matter per <u>WAC 246-940-050</u> Course hours Course description 	Page	
Sta	Standard 2: Accreditation/Eligibility Tab 2		
	 Recognized regional or state accrediting body, or Vocational or technical accrediting body 	Page	





Name of school/program

Animal Massage Training Program Courses Offered

WAC 246-940-050

Total Program Hours

School/Program Location								
Areas of Practice (see WAC 246-940-050 for spe	cific subjects):							
 A minimum of 75 hours of instruction in ghands-on instruction. 	A minimum of 75 hours of instruction in general animal massage techniques. At least 35 of those hours must be practical or hands-on instruction.							
 A minimum of 60 hours of instruction in k 	A minimum of 60 hours of instruction in kinesiology. At least 21 of those hours must be practical or hands-on instruction.							
 A minimum of 75 hours of instruction in a instruction. 	A minimum of 75 hours of instruction in anatomy and physiology. At least 21 of those hours must be practical or hands-on instruction.							
 A minimum of 75 hours of instruction in a instruction. 	A minimum of 75 hours of instruction in animal behavior and handling. At least 21 of those hours must be practical or hands-on instruction.							
 A minimum of ten hours of instruction in 	A minimum of ten hours of instruction in business practices.							
 A minimum of five hours of instruction in 	A minimum of five hours of instruction in first aid. At least two of those hours msut be practical or hands-on instruction.							
 All Other Program Courses (include num 	All Other Program Courses (include number of hrs per course)							
Course Title	Area(s) of Practice	Course Hours	Page #					

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Course Title	Area(s) of Practice	Course Hours	Page #

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RCW/WAC and Online Website Links

RCW/WAC Links

Uniform Disciplinary Act, RCW 18.130

Administrative Procedure Act, RCW 34.05

Administrative Procedures and Requirements, WAC 246-12

Online

Animal Massage, Web Page