

## **Board of Massage School Completion Form**

If the school is closed, we will acce	ept the signed School Completion	directly from the school will be accepted.  In Form from the Workforce Training re by endorsement, you must use the
Applicant Name	Birth Date	
Board approved school and program name that	at the applicant graduated from	
Program Entry Date	Program Completed Date	Program Hours
Approved Massage Training Program Credent	tial Number	
Did applicant transfer hours?	☐ Yes ☐ No	Hours completed (Only hours earned at board approved school)
As the school's authorized represe applicant has successfully comple massage therapy training program	ted our school's board approve	
Printed name of school registrar or authorized	I representative	
Signature		Date
UBI Number		