



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

## Board of Massage Education Endorsement Form

Only Education Endorsement forms sent directly from the school will be accepted.

This form must be completed and submitted by the authorized school representative for applicants who hold an out-of-state active massage license and are applying for licensure by endorsement.

<b>Applicant Information:</b>		
Applicant Name	Date of Birth	
<b>School or Program Information:</b>		
Name of the school or program the applicant graduated from		State of school or program
Program Entry Date	Program Completed Date	Total Program Hours
<b>State Board and Licensing Agency or the Accrediting Agency Information:</b>		
Was the school approved by the state’s massage board at the applicant’s time of graduation?		
<input type="checkbox"/> Yes, List the full name of the state board _____		
<input type="checkbox"/> No <input type="checkbox"/> N/A    If no or N/A, select which of the following the school was approved by:		
<input type="checkbox"/> A national or regional accreditation organization		
_____ Name		
<input type="checkbox"/> The state authority with responsibility for oversight of vocational programs		
_____ Name		
<input type="checkbox"/> The state agency that regulates massage programs		
_____ Name		
<input type="checkbox"/> Other—List:		
_____ Name		
As an authorized representative of the school listed above, I attest that the applicant has successfully completed the school’s massage program and that the school was approved by the state board and/ required accrediting or licensing agency at the applicant’s time of graduation.		
_____ Printed name of school registrar or authorized representative		
_____ Signature		_____ Date