



2010 BODYWORK THERAPY PRACTITIONER LICENSE APPLICATION

1. Please provide the following information:

Name: _____ Date of Birth: _____ / _____ / _____

Home Address: _____ Apt. _____ City / Town: _____ State: _____

Home Telephone: (____) _____ Soc. Sec. #: _____ - _____ - _____ Zip Code: _____

2. Describe each licensed establishment where you will practice Bodywork Therapy:

Location 1: Type: HOME OFFICE PROFESSIONAL OFFICE TRAINING FACILITY/SCHOOL

ESTABLISHMENT NAME: _____ TELEPHONE: (____) _____

ADDRESS _____ ESTABLISHMENT LICENSE #: _____

Location 2: Type: HOME OFFICE PROFESSIONAL OFFICE TRAINING FACILITY/SCHOOL

ESTABLISHMENT NAME: _____ TELEPHONE: (____) _____

ADDRESS _____ ESTABLISHMENT LICENSE #: _____

Location 3: Type: HOME OFFICE PROFESSIONAL OFFICE TRAINING FACILITY/SCHOOL

ESTABLISHMENT NAME: _____ TELEPHONE: (____) _____

ADDRESS _____ ESTABLISHMENT LICENSE #: _____

3. If you will practice at locations other than license-able establishments (e.g. at private homes, businesses, sports or social events, etc.), on an infrequent / irregular basis (see paragraph 4.3 of the Cambridge regulation), then you must obtain an OFF-PREMISES license:

I am requesting a Bodywork Therapy OFF-PREMISES License: YES NO

4. Please check all therapy modalities that you will practice in Cambridge:

I. ASIAN BODYWORK THERAPY (ABT) MODALITIES

Accupressure	<input type="checkbox"/>	Chi Nei Sang	<input type="checkbox"/>	Shiatsu	<input type="checkbox"/>
An Mo	<input type="checkbox"/>	Jin Shin Do	<input type="checkbox"/>	Tui Na	<input type="checkbox"/>
Amma	<input type="checkbox"/>	Nuat Thai	<input type="checkbox"/>	Ayurvedic	<input type="checkbox"/>

II. OTHER BODYWORK THERAPY MODALITIES

Polarity Therapy	<input type="checkbox"/>	Rolfing	<input type="checkbox"/>
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III. UNLISTED BODYWORK THERAPY MODALITIES - Applicability Request

If you will practice a bodywork modality that is not listed above, please write the name(s) in the spaces below and provide a description on a separate sheet of paper.

A determination of applicability of this regulation will be made and you will be notified.

Note: The following therapy modalities are currently exempted from the Cambridge Rules and Regulations Qi Gong, Feldenkrais, Reiki, Trager Methods, Reflexology, Body Mind Centering, Body-Oriented Psychotherapy, Neuromuscular Therapy, Okazaki Restorative Massage.

IV. MASSAGE THERAPY – Cambridge Bodywork Practitioner License FEE WAIVER

Please indicate whether you will practice **MASSAGE THERAPY** in Cambridge:

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Note: "MASSAGE THERAPY" practitioners must be State-licensed and are eligible to waive the Cambridge Bodywork Therapy practitioner license fee.

5. Please submit the following items with this application:

- 2 forms of positive identification (e.g. driver’s license and birth certificate) or a valid passport
- Two 2” x 2” face-front photographs (taken within the past 30 days)
- Check or money order (no cash or credit cards) in the amount of \$50.00, made payable to “Cambridge Public Health Commission” (license fee is not required if you qualify for a waiver – see IV. above)

6. Please submit the following documentation for each therapy modality you will practice:

Asian Bodywork Therapy (excluding Ayurvedic):

- ➔ Transcript and diploma from an approved* training facility or school
- ➔ Current membership in AOBTA at the “certified practitioner” level **or** NCCAOM certification as a “Diplomate in Asian Bodywork Therapy”

Ayurvedic:

- ➔ Transcript and diploma from an approved* training facility or school
- ➔ Current certification, if available
- ➔ Current membership in an approved professional organization, if available

Polarity Therapy:

- ➔ Current “Registered Polarity Practitioner*” (RPP) certification by the American Polarity Therapy Association, Greensboro, NC

Rolfing:

- ➔ Current certification* by the Rolf Institute of Structural Integration, Boulder, CO, as:
 - a. Rolfing Practitioner / Certified Rolfer, or
 - b. Certified Rolf Movement Practitioner, or
 - c. Certified Advanced Rolfer

Massage Therapy:

- ➔ Current Massachusetts Massage Therapy practitioner license

* An approved educational program must include no less than 500 classroom hours. (See paragraph 2.13 of the Cambridge Rules and Regulations, revised November 1, 1999).





7. Please answer the following questions. If you answer ‘yes’ to any question, please write the corresponding dates, jurisdiction, offense, disposition and other relevant information on an attached sheet and submit with this application.

- A. Have you ever been convicted of any criminal offense, other than a minor traffic violation? _____ Yes _____ No

- B. Have you ever been formally charged with or disciplined for any violation of the massage therapy, bodywork, and/or movement education rules, by-laws or standards of practice of any governmental authority, health care facility, or professional organization? _____ Yes _____ No

- C. Have you ever been denied a massage therapy, bodywork, or movement education license for any reason? _____ Yes _____ No

8. Authorization

I have read and agree to abide by the Cambridge Rules and Regulations (revised November 1, 1999).

I am informed of and agree to abide by the standards of practice and ethical guidelines of all professional organizations, associations and institutes that have provided/awarded my bodywork therapy training, certification, and membership.

Please list the applicable organizations, associations, and institutes here:

- 1. _____
- 2. _____
- 3. _____

I authorize the City of Cambridge, its agents and employees, to seek information and to conduct an investigation into the truth of the statements set forth in this application. I certify that I have not misrepresented my training, credentials, or title, nor shall I misrepresent them to the public.

Signed under the pains and penalties of perjury, on this date:

Signature: _____ **Date:** ____/____/____

IMPORTANT: First-time license applicants must appear at the Cambridge Public Health Department when applying for a Bodywork Therapy practitioner license. Please bring all the requested items and this completed application with you.

Please allow up to 2 weeks for license processing.

Questions may be addressed to Mike Ginieres, Environmental Health Officer (617) 665-3848 or mginieres@challiance.org .

