



## 2016 Bodywork Therapy Practitioner License Application

**1. Please provide the following information:**

Name: \_\_\_\_\_ Home Telephone: (    ) \_\_\_\_\_

Home Address: \_\_\_\_\_ City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

<b>Location 1:</b> Type: <input type="checkbox"/> HOME OFFICE <input type="checkbox"/> PROFESSIONAL OFFICE <input type="checkbox"/> TRAINING FACILITY/SCHOOL ESTABLISHMENT NAME: _____ TELEPHONE: (____) _____ ADDRESS _____ ESTABLISHMENT LICENSE #: _____
<b>Location 2:</b> Type: <input type="checkbox"/> HOME OFFICE <input type="checkbox"/> PROFESSIONAL OFFICE <input type="checkbox"/> TRAINING FACILITY/SCHOOL ESTABLISHMENT NAME: _____ TELEPHONE: (____) _____ ADDRESS _____ ESTABLISHMENT LICENSE #: _____
<b>Location 3:</b> Type: <input type="checkbox"/> HOME OFFICE <input type="checkbox"/> PROFESSIONAL OFFICE <input type="checkbox"/> TRAINING FACILITY/SCHOOL ESTABLISHMENT NAME: _____ TELEPHONE: (____) _____ ADDRESS _____ ESTABLISHMENT LICENSE #: _____

**3. If you will practice at locations other than licensed 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) in 2016, then you must obtain an OFF-PREMISES license:**

I am requesting a Cambridge 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"/> Okazaki Restorative Therapy and subgroups <input type="checkbox"/>
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**II. OTHER BODYWORK THERAPY MODALITIES**

Polarity Therapy <input type="checkbox"/> Rolwing <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, Breema.*





**5. FEE WAIVER for MASSAGE THERAPISTS**

*Note: All MASSAGE THERAPY practitioners must be licensed by the State of Massachusetts and are eligible to waive the Cambridge Bodywork Therapy practitioner licensing fee.*

Please indicate whether you will also practice **MASSAGE THERAPY** in Cambridge:  YES  NO

If you are a state-licensed Massage Therapist, please submit a copy of your current Massachusetts Massage Therapy practitioner license.

**6. Please submit the following items with this renewal application:**

- Two recent 2” x 2” face-front photographs
- Check or money order (no cash or credit cards) in the amount of **\$50.00**, made payable to “Cambridge Public Health Commission” (fee not required if you qualify for a waiver – see above).

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

Asian Bodywork Therapy (excluding Ayurvedic):

- Current membership in AOBTA at the “certified practitioner” level **or** NCCAOM certification as a “Diplomate in Asian Bodywork Therapy”

Ayurvedic:

- 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

**8. Please answer the following questions.**

- A. Have you ever been fined, cited or otherwise disciplined for any non-criminal violation of the massage or bodywork therapy rules, by-laws or standards of practice of any governmental authority, health care facility, or professional organization?  Yes  No
- B. Have you ever been denied a massage or bodywork therapy license for any reason?  Yes  No

**9. 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 institutions that have provided/awarded my bodywork therapy training, certification, and membership.

Please list the applicable organizations, associations, and institutions here: \_\_\_\_\_

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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Questions? Please contact Kari Sasportas, Environmental Health Specialist, at (617) 665-3848 / [ksasportas@challiance.org](mailto:ksasportas@challiance.org).

