PLEASE SEPARATE THIS FORM, GIVE TO YOUR MOST RECENT EMPLOYER TO COMPLETE, AND RETURN THE COMPLETED, SIGNED AND NOTARIZED FORM TO THE BOARD:

GEORGIA BOARD OF MASSAGE THERAPY
237 COLISEUM DRIVE, MACON, GEORGIA 31217-3858

VERIFICATION OF EMPLOYMENT

Instructions:

1. Applicant: complete Section I and sign.
2. Submit this form to your most recent **employer (Personnel Director, Human Resources Department)** who can provide verification of your practice as a massage therapist.
3. If you are self-employed, complete the Verification of Employment form yourself, indicate self-employed, and sign it.
4. Return the completed, signed and notarized form with your application materials to the Board.

Section I (To be completed by applicant)

Printed Name of Applicant: _____
                      Last   **First**   **Middle**   **Maiden**

Applicants Address: _____
             Street   **City**   **State**   **Zip Code**

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a Massage Therapist to the Georgia Board of Massage Therapy. I understand this information is required as part of the application for licensure process

Signature of Applicant: _____   Applicant Phone Number(s): _____

APPLICANT – DO NOT WRITE BELOW THIS LINE

(If self-employed, complete this section for your business)

Section II (To be completed by person verifying employment)

Instructions:
1. Complete Section II of this form. If self-employed, complete this section indicating your business name, address, etc….
2. Massage Therapy employment must have been for compensation.
3. **Return this form to the applicant to submit with their application for licensure.**

1. Name of Business: _____   Phone Number: _____

2. Physical Address of Location: _____
                      (City/State/Zip Code)

3. Applicant's Position/Title: _____   4. Employment Dates: From: _____ To: _____

5. Physical Location of practice (mobile, contract, or same as above): _____

6. Printed name and title of person verifying employment: _____
                                     (Name)   (Title)

Sworn to and subscribed before me this

_____
Signature of Employer/Person completing this form

_____ **day of** _____, 20_____

_____   **(Notary Seal)**
Notary Public Signature

My commission expires: _____