



GEORGIA BOARD OF MASSAGE THERAPY

3920 Arkwright Rd., Suite 195

Macon, GA 31210

(404) 424-9966

<https://sos.ga.gov/georgia-board-massage-therapy>

**FACULTY AMENDMENT FORM
BOARD RECOGNIZED MASSAGE THERAPY EDUCATION PROGRAM**

****THIS FORM IS TO BE USED WHEN THERE HAS BEEN A CHANGE IN FACULTY ONLY.****

If the program has had a change in ownership, name, or location you must complete a new Application to Become A Board Recognized MT Education Program.

*It is recommended that your program include the use of the **FACULTY AMENDMENT CHECKLIST** as part of your hiring process to decrease the likelihood that a prospective faculty member will fail to meet all of the Board's requirements to teach massage therapy students.*

Name of School _____ License Number: RMP - _____

School Address _____

Street Address

City

State

Zip Code

Telephone

School Owner(s) _____ NCBTMB # _____

Program Director/Coordinator _____ NPEC# _____

Contact Number: _____ Email Address _____

___ Yes ___ No To the best of your knowledge, has the school, any owner, any instructor, or its director/coordinator ever been arrested and/or convicted of a felony?

___ Yes ___ No To the best of your knowledge, has the school, any owner, any instructor, or its director/coordinator ever been disapproved or disciplined by the Georgia Board of Massage Therapy, or any state or federal licensing agency or authority which regulates any profession? (Disciplinary actions include, but are not limited to, such actions as: a reprimand, a suspension, a revocation, a fine, or any restriction placed on your rights to operate as a school and/or licensee.)

___ Yes ___ No Has the school received approval in any other state(s)? If yes, list the state(s):

Note: If you have answered "Yes" to the questions above regarding criminal conviction of a felony or disciplinary action, attach a certified copy of the final disposition or final orders of the case as well as a detailed letter of explanation about the incident which led to the arrest.

A background consent form, current secure and verifiable document, and current certificate of insurance must be provided for each owner, instructor, director/coordinator, or assistant who is or will be employed.

345-8-.02 Faculty Requirements

A. In order to be a Board recognized massage therapy education program, the program must have a faculty that consists of a sufficient number of full and part-time instructors to ensure that the educational obligations to the student are fulfilled. Lab, clinical and community course core (lead) faculty must demonstrate competence in their respective areas of teaching as evidenced by a minimum of 2 years or 2000 hours of experience in their field. Human sciences course core (lead) faculty (anatomy, pathology, physiology) must demonstrate competence in their respective areas of teaching as evidenced by a minimum of 2 years or 2000 hours experience in their field and/or by appropriate degrees/certificates from approved colleges/schools/institutions.

(1) Name of Massage Therapy Instructor: _____.

Number of years teaching/working in respected subject: _____ / _____.

Please identify Subject Taught _____.

Identify the state(s) where the instructor has taught _____.

(2) Name of Massage Therapy Instructor: _____.

Number of years teaching/working in respected subject: _____ / _____.

Please identify Subject Taught _____.

Identify the state(s) where the instructor has taught _____.

(3) Name of Massage Therapy Instructor: _____.

Number of years teaching/working in respected subject: _____ / _____.

Please identify Subject Taught _____.

Identify the state(s) where the instructor has taught _____.

*** If there are additional instructors that need to be listed, please attach list to application.**

*** Include the resume or curriculum vitae of each instructor.**

B. If a school utilizes faculty assistants, in order to be a Board recognized massage therapy education program, it shall establish and maintain policies that set forth qualifications, duties and procedures for use of these personnel. Faculty assistants shall not be used as substitutes or replacements for regular faculty; shall not be responsible for the overall evaluation of any student; and shall work under the direct supervision of approved faculty.

Does your school utilize faculty assistants? Yes _____ No _____?

Page # information can be located on in the school handbook/catalog _____.

C. In order to be a Board recognized massage therapy education program, the ratio of students to faculty in the lab/clinical/community area shall not exceed 20 students to 1 instructor with no more than 10 student therapists and 10 students serving as clients. Lecture classes are not subject to this ratio.

What is your current teacher/student ratio? _____

Page # information can be located on in the school handbook/catalog _____.

(3) On or after June 30, 2007, when student clinical practice is being performed on the general public, the supervising clinical faculty instructor(s) shall hold a current state license, if a state license is required to practice massage therapy in that state.

Are your clinical supervisors state licensed? Yes _____ No _____. If yes, please provide their license number.

Name _____ State Issued License Number _____

Name _____ State Issued License Number _____

Name _____ State Issued License Number _____

Name _____ State Issued License Number _____

*** If there are additional supervisors that need to be listed, please attach list to application.**

*** Include the resume or curriculum vitae of each clinical supervisor.**

AFFIDAVIT

THE UNDERSIGNED SWEARS OR AFFIRMS THAT ALL INFORMATION CONTAINED IN THE APPLICATION FOR APPROVAL OF A GEORGIA MASSAGE THERAPY PROGRAM IS TRUE AND CORRECT IN EVERY RESPECT.

STATE OF _____

COUNTY OF _____

SIGNATURE OF THE DIRECTOR/COORDINATOR

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

DATE

(Notary Seal)

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

FOR BOARD USE ONLY

BOARD ACTION

Approved Approved Pending Denied

Reason Denied/Requested Pending Information:

Date: _____ Board Member Signature: _____