

**Alabama Board of Massage Therapy**

2777 Zelda Road

Montgomery, AL 36106

334.420.7233

334.263.6115 fax

[massagetherapy@warrenandco.com](mailto:massagetherapy@warrenandco.com)

**Application for Registration as a Massage Therapy School Instructor**

**Instructions**

1. **Complete application and attach a cashier's check or money order in the amount of \$10.00 (One-Time Fee)**
2. **Attach a copy of your current Alabama Massage Therapy License Certificate**
3. **Attach a notarized letter documenting two years of current massage therapy experience**
4. **Please refer to Section 34-43-20(5), Code of Alabama, 1975, to familiarize yourself with the requirements for registration as a massage therapy school instructor.**

Name: \_\_\_\_\_

Mailing \_\_\_\_\_

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

City, St, and \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Primary School: \_\_\_\_\_

(Where you will be instructing)

How long have you been an instructor at the above school: \_\_\_\_\_

Alabama License # \_\_\_\_\_

Original Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I, \_\_\_\_\_, do certify that I am the person referred to on the application and that the statements contained herein are true and correct. I understand that it is my responsibility to operate as a massage therapy instructor according to the statutes regarding massage therapy and the Rules and Regulations of this Board.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

Notary Signature: \_\_\_\_\_

Commission Expiration: \_\_\_\_\_

(SEAL)