

## Curriculum Approval Application

**Iowa Board of Massage Therapy  
Department of Inspections, Appeals, and Licensing  
PH: (515) 281-6959**

**Please Print or Type** - Some of the items listed in this section require a narrative response. If space is required beyond what is supplied please feel free to use additional paper numbering your response to match the item number in this application.

1. Name of Massage Therapy School \_\_\_\_\_

2. School's Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. School Owner \_\_\_\_\_ School Phone \_\_\_\_\_

4. School Director \_\_\_\_\_ School Phone \_\_\_\_\_

5. Is school accredited by an agency approved by the U.S. Department of Education?  
 Yes  No

6. If school is accredited by an agency approved by the U.S. Department of Education provide the name, address of the agency and contact information of that agency.  
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 \_\_\_\_\_  
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**Verification – answer yes if you are confirming the statement is true and no if you are stating that it is not true.**

7. The school has at least 600 hours of instructor-supervised, in-classroom academic instruction.  
 Yes  No

Document(s) \_\_\_\_\_ Page(s) \_\_\_\_\_  
 Identify the document(s) and page number(s) where this is documented.

8. Student clinic hours -supervised at school site, does not exceed 120 hrs for a 600 hour program.  
 Yes  No

9. What is the total number of program hours and the total number of clinical practice hours? Total Program Hours \_\_\_\_\_ Total Clinical Practice Hours \_\_\_\_\_

10. The school requires a student to either have an accredited high school diploma or equivalent for school admission.  Yes  No

11. Briefly describe the curriculum delivery system (examples include multi-media, hands-on, on-line, lecture with instructors delivering curriculum, lab, supervised clinic, etc.).

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12. Students are required to complete at least 200 hours of coursework in the content areas of fundamentals of massage therapy and assessment that includes indications and contraindications for treatment prior to providing services to the public and beginning the clinical practicum. Included in this 200 hours is a minimum of 100 hours in anatomy and physiology, which shall include the structure and function of the human body and common pathologies.  Yes  No

**Signature required:** I certify that I have carefully read items 7 through 12 on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me, are true and correct.

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Signature and title of the school owner or school director

### 13. Curriculum Criteria and Documentation Form

**Required Documents:** School catalogue, school curriculum including a syllabus, class schedule with number of clock hours for each subject taught, a sample diploma and a sample transcript that identify the name of the graduate, name of the program, graduation date, and the degree, diploma or certificate awarded.

For each course provide the name and number of hours, the curriculum content area the course addresses (several content areas may apply), and name of the required documents including page reference where the class is described. If you are submitting documents in addition to the required documents that details something you want to highlight for a particular course then include it in the materials submitted with your application and make reference to it here.

**Curriculum Content Area Coding** (use this coding when completing the following information):

1. **Fundamentals of massage therapy.**
2. **Clinical application of massage and bodywork therapies.**
3. **Client communication theory and practice.**
4. **Health care referral theory and practice.**
5. **Anatomy and physiology.**
6. **Kinesiology.**
7. **Pathology and skills in infection control, injury prevention and sanitation.**
8. **Iowa law and ethics.**
9. **Business management, including legal and financial aspects, documentation and record maintenance.**
10. **Wellness and healthy lifestyle theory and practice in such areas as hydrotherapy, hot and cold applications, spa techniques, nutrition, herbal studies, wellness models, somatic movement and energy work.**
11. **Other – describe course content**

Provide the following information for each course (Note the following example: Class Name Anatomy Hours 50 Content Area Number 5 Document School catalog Page 25 )

**At least one course should be identified for each of the curriculum content areas with the exception of the content area “other.” The “other” category is to be used to describe a course that is offered that does not fit into one of the required content areas.** List all programs in the curriculum with the associated required information. Several content areas may apply to one course depending on the scope of the course.

Class Name \_\_\_\_\_ Hours \_\_\_\_\_ Content Area Numbers \_\_\_\_\_ Document \_\_\_\_\_ Page \_\_\_\_\_

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Class Name \_\_\_\_\_ Hours \_\_\_\_\_ Content Area Numbers \_\_\_\_\_ Document \_\_\_\_\_ Page \_\_\_\_\_

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Use Additional Sheets If Necessary.

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that the school approval may be withdrawn pursuant to 645—IAC 132.8.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending or during the time a school has curriculum approval. I also understand I must notify the board in writing within 30 days of the event if there is a change in address, school closing or curriculum revision. This application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application including requests for information during the time the school has curriculum approval.

\*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information or respond to a board inquiry to verify information within 30 days of the board request may result in application denial. Incomplete applications or failure to provide the required documents and fee will result in return of all application materials to the sender.

I hereby certify that all the foregoing statements are true and attachments are complete and correct. I agree to abide by the statutes of the Code of Iowa and the Administrative Code 645- Chapter 130 through 139 and the Code of Iowa Chapter 152C and conditions stated in this curriculum approval application.

Date \_\_\_\_\_ Signature of School Owner \_\_\_\_\_  
School Owner must sign here in ink

**NOTE:** The \$120 application fee must accompany a completed application form as well as the required documents noted in the curriculum criteria and documentation form for a school curriculum approval application to be considered. Send information and fee to:

**Iowa Board of Massage Therapy  
Department of Inspections, Appeals, and Licensing  
6200 Park Ave.  
Des Moines, IA 50321**