STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Massage Therapist Licensure
Email: dph.alliedhealth@ct.gov
Website: www.ct.gov/dph/license

Massage Therapist Verification of Course of Study Form

Applicant: Please complete the top portion of this form and forward it to the educational institution for official verification of completion of a course of study in massage therapy.

First Name	MI	Last Name	Maiden Name	SSN

Email Address	Telephone Number	☐ Male ☐ Female	Date of Birth

Name of School of Massage Therapy	City	State	Grad. Date

The following section is to be completed by educational Institution:

The applicant listed above is applying for massage therapy licensure in Connecticut. Please provide the following information regarding the course of study that such individual completed at your institution.

How many classroom hours of study, with the instructor present, did this individual satisfactorily complete in your school? **Please note that online instruction is not acceptable towards meeting the 750 classroom hours.)**	No. of Hours

Dates of attendance:	From	To

At the time of this individual's graduation, was your school of massage therapy accredited by the Commission on Massage Therapy Accreditation?	☐ Yes ☐ No
At the time of this individual's graduation, was your school of massage therapy accredited by your state board of postsecondary technical trade and business schools?	☐ Yes ☐ No
If yes, please indicate name of agency:	
At the time of this individual's graduation, was your school of massage therapy accredited by an agency recognized by the United States Department of Education?	☐ Yes ☐ No
If yes, please indicate name of agency:	

At the time of this individual's graduation, did your school of massage therapy hold a current school code assigned by the National Certification Board for Therapeutic Massage and Bodywork?	☐ Yes ☐ No	Code No:

Name of person completing this form:	Title:	Phone Number:	Email:

Signature	Date

Thank you for your assistance. Please return this form directly to:

Department of Public Health
Massage Therapy Licensure
410 Capitol Ave., MS #12APP
P.O. Box 340308
Hartford, CT 06134-0308
Fax: (860) 707-1982