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**License Requirements:**

- Physician.** Applicants must submit documentation of the regularly licensed physician attached to the school.
- Course of Study.** Applicants must submit the following:
  - (A) A copy of the curriculum plan which lists all of the subjects offered for completion of the massage therapy course of study.
  - (B) A copy of the syllabus for each subject taught, to include:
    - Title of course.
    - Instructor's name.
    - Hours associated with each subject.
    - Description of each subject.
    - Course objectives.
    - Text books and resource or supplement references.
    - Grading system.
    - Week by week or day by day class schedule.
    - A copy of the school handbook and rules of the school.
- Student Enrollment.** Evidence that a diploma from an accredited high school or its equivalent is a condition of student enrollment.
- Floor Plan.** Applicants must submit a detailed floor plan of the proposed school building.
- Self-Inspection.** Applicants must submit a copy of the completed self-inspection showing compliance with Section 005 of these regulations.

The Massage Therapy School must require a diploma from an accredited high school or its equivalent for all students, must have attached to its staff a regularly licensed physician and employs one or more competent massage therapists as instructors, and must have a continuous course of study and training of not less than one thousand hours distributed over a term of not less than nine months. Such study and training shall consist of one hundred hours of each of the following: Physiology; anatomy; massage; pathology; hydrotherapy; hygiene and practical demonstration; and health service management. The remaining three hundred hours shall be obtained in subject areas related to the clinical practice of massage therapy.

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**If you are a SOLE Owner and you are NOT a U.S. Citizen,** you must submit:

1. Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card.
2. Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa.
3. Employment Authorization Document (EAD) (unexpired) **AND** at one of the following documents under the Federal REAL ID Act:
  - An approved deferred action status (DACA);
  - A pending application for asylum in the United States;
  - A pending or approved application for temporary protected status in the United States;
  - A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or in the United States or conditional permanent resident status in the United States.
4. Other document that shows current immigration status

**NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

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**Department of Education:**

Please contact the Department of Education, Marisol Birth, to obtain the appropriate application and approval to recruit students. Her e-mail is: [Marisol.birth@nebraska.gov](mailto:Marisol.birth@nebraska.gov) or phone 402-471-4825.

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**Questions:**

If you have any questions regarding the school application, please contact the Licensure Unit, at (402) 471-2117 or [DHHS.licensure2117@nebraska.gov](mailto:DHHS.licensure2117@nebraska.gov)

**APPLICATION FOR APPROVAL OF A  
MESSAGE THERAPY SCHOOL**

Licensure Unit  
 P.O. Box 94986  
 Lincoln, Nebraska 68509-4986  
 402-471-4970 [DHHS.Licensure2117@nebraska.gov](mailto:DHHS.Licensure2117@nebraska.gov)

**FEE: \$150.00**  
**\$37.50** (if your license is issued within 180 days of the \*expiration date)

SECTION A: GENERAL INFORMATION					
1	Name of School:				
2	School Address:	Street/PO/Route:			
		City:	State:	Zip:	
3	Telephone Number:				
4	Full Name of the Owner of the School:				
5	Address of the Owner of the School, if different than above:	Street/PO/Route:			
		City:	State:	Zip:	
6	If the applicant is a <b>sole owner/proprietorship</b> , identify the social security number of the owner.		SS #:		
<p><small><u>Neb. Rev. Stat.</u> §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.</small></p>					
7	Federal Identification Number (FIN) (in the event a refund is warranted)		FIN#:		
8	School Phone #: (optional)	School Fax #: (optional)	Owner/School E-Mail Address: (optional)		
9	Name of each Person in Control of the Business (if space is not adequate, attach additional sheet)				
		<p><b>Indicate the type of ownership for this school:</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Sole proprietorship  <input type="checkbox"/> Partnership  <input type="checkbox"/> Limited 1 liability company that has only one member  <input type="checkbox"/> Limited liability company that has <b>more than</b> 1 member                 </div> <div style="width: 45%;"> <input type="checkbox"/> Corporation  <input type="checkbox"/> Governmental unit  <input type="checkbox"/> Other: Identify Type _____                 </div> </div>			

**Please allow up to 30 days for inspection after you have been notified that the application is complete, the inspector will contact you by telephone and set up an inspection date/time. A school cannot operate until a license is issued by the Department.**

**\*NOTE:** Licenses expire November 1<sup>st</sup> of odd-numbered years.

<b>SECTION B: LICENSED PHYSICIAN</b> (The school must have regularly licensed physician affiliated with the staff. (current license to practice medicine and surgery or Osteopathic Medicine)				
1	Physician's Name:	First:	Middle/MI:	Last:
2	Address:	Street/PO/Route:		
		City:	State:	Zip:
3	License Number:	State Licensed In:		
	Type of License:	<input type="checkbox"/> Medicine/Surgery		<input type="checkbox"/> Osteopathic Medicine

<b>SECTION C: MESSAGE THERAPIST(S) AND MANAGER EMPLOYED BY SCHOOL</b>						
List the Name(s) of Instructor(s) below:					License Number	State Licensed
1	First:	Middle:	Last:			
2	First:	Middle:	Last:			
3	First:	Middle:	Last:			
4	First:	Middle:	Last:			
5	First:	Middle:	Last:			
List the Name of Manager below:						
1	First:	Middle:	Last:			

<b>SECTION D: HOURS OF OPERATION</b> (List below the hours/days the school is open)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**THE FOLLOWING DOCUMENTATION IS REQUIRED FOR SUBMISSION WITH THE APPLICATION:**

1	A curriculum plan which lists all of the subjects offered for completion of the massage therapy course of study;	
2	A copy of the syllabus for each subject taught, to include the information contained in the column to the right  (Complete this information on Attachment A1 or you may construct your own document providing it contains the same information as Attachment A1)	Title of course;
		Instructor's Name;
		Hours associated with each subject;
		Description of course;
		Course objectives;
		Text books and Resource or Supplement References
		Grading System; and Week by Week or day by day class schedule.
3	The name of each staff person, including identification of a school manager; and a resume, vita or similar documentation for each.	
4	A school handbook or school bulletin.	
5	A copy of the rules of the school.	
6	A detailed floor plan or blueprint of the proposed school building.	
7	A schedule of proposed hours of school operation.	

**SECTION E: OPERATION PRIOR TO LICENSURE**

If you operate a massage therapy school in Nebraska without a license, you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations.

- No. I **have not** operated this school at this address in Nebraska prior to the application for a license.
- Yes. I **have** operated this school at this address in Nebraska prior to the application for a license.

If yes, what are the actual number of days you operated in Nebraska without a license

Number of days:

**SECTION F: ATTESTATION**

**SOLE OWNER:** If the **applicant** is a **sole owner/proprietorship** for the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows:

- I am a citizen of the United States.

**OR**

- I am a qualified alien under the Federal Immigration and Nationality Act.
- I am a nonimmigrant lawfully present in the United States.
- I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

My immigration and alien number are as follows: \_\_\_\_\_ and I agree to attach a copy of my USCIS documentation, which includes one of the following:

1. A "Green Card" otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
3. A Form I-94 (Arrival-Departure Record).
4. Employment Authorization Card and DACA, pending asylum, application for protected status, or application for adjustment of status to that of an alien lawfully admitted for permanent or conditional residence.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

**I further attest that:** I have read the application or have had the application read to me; and all statements on this application are true and complete.

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

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

If the **applicant** is a **limited liability company with more than one member, corporation, governmental unit, or other**, the application must be signed and dated by the individual(s) indicated below

**(place a check mark in the appropriate box)**

- By the partnership or a limited 1 liability company that has only one member;
- Two of its members if the applicant is a limited liability company that has more than one member;
- Two of its officers if the applicant is a corporation;
- The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
- If the applicant is not an entity described in 1 through 4 above, the owner or owners or, if there is no owner, the chief executive officer or comparable official.

**We further attest that:** We have read the application or have had the application read to us; and all statements on this application are true and complete.

\_\_\_\_\_  
Signature of Owner/Representative as listed above Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Representative as listed above Date \_\_\_\_\_

**You are required to complete a subject syllabus for each subject taught. You can use the pages provided, starting below, or submit your own form that includes the same information as requested.**

**You must also provide a week by week outline of your entire training program.**

**100 hours in Physiology** which may include but is not limited to endocrinology, biochemistry, interaction of hormones to the body's balance and metabolism, function of human body, and organ systems, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

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Objectives:


Text Books and Resource/Supplement References:


Grading System:


**100 hours in Anatomy** which may include but is not limited to structure of the human body, study of cells, tissues, bones, muscles, organ systems, histology, embryology, kinesiology, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

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Objectives:


Text Books and Resource/Supplement References:


Grading System:


**100 hours in Massage** which may include but is not limited to history of massage, benefits of massage, physiology of massage, equipment and procedures, psychology of massage, interpersonal client contact, relaxation and visualization, proper draping techniques, general guidelines for massage, principles of body massage, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

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Objectives:


Text Books and Resource/Supplement References:


Grading System:


**100 hours of Hydrotherapy** which may include but is not limited to history, benefits of water treatment, cryotherapy, body wraps, salt glows, body shampoos, hot packs, steam cabinets, dry brushing, therapeutic modalities, methods of cold application, heat therapy, contrast baths, skin contra-irritants, spas, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

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Objectives:


Text Books and Resource/Supplement References:


Grading System:




**100 hours in Pathology** which may include but is not limited to definition of pathology and disease, pharmacology, pathology of body systems, disease entities including cause and effect, blood pressure, pulse monitoring;

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

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Objectives:


Text Books and Resource/Supplement References:


Grading System:


**100 hours in Hygiene** (Health wellness) and **Practical Demonstration** which may include but is not limited to physiology of digestion, weight control, herbal therapy, nutrition, food combining, supplementation, wellness, hygiene principles & practices, CPR, first aid, equipment and sanitation, infectious and contagious disease control, various massage therapy techniques and demonstration, hands-on training, student clinic hours, etc.;

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

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Objectives:


Text Books and Resource/Supplement References:


Grading System:


**100 hours in Health Service Management** which may include but is not limited to professional ethics, legalities of massage, business practices, promotion, employment opportunities, oral presentations, telephone techniques, marketing plan, sales techniques, resumes, bookkeeping, financial management, insurance coverage, networking, interview techniques, etc.;

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

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Objectives:


Text Books and Resource/Supplement References:


Grading System:


**300 hours relating to the clinical practice of Massage Therapy** shall be obtained in subject areas related to the clinical practice of massage therapy - which may includes but is not limited to reflexology, deep tissue massage, Swedish massage, sports massage, pregnancy & infant massage, physiology & psychology of exercise, acupressure therapy, management techniques, stress & practices, hands-on-training, review of Health histories, documentation, etc.

Title of Subject:	
Instructor's Name:	
Total Hours assigned to Subject:	

Description of Subject:

Objectives:

Text Books and Resource/Supplement References:

Grading System: