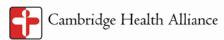
CAMBRIDGE PUBLIC HEALTH DEPARTMENT

Neuromuscular Therapy, Breema.

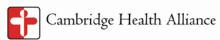


2016 Bodywork Therapy Practitioner License Application

. Please provi							
Name:			Home Telephone: ()				
Home Address:	:	City / To	wn:	State:	Zip:		
Email Address:	:						
. Describe eac	ch licensed establishn	ment where you will pra	actice Bodywork	Therapy:			
Location 1: ESTABLISHM ADDRESS	MENT NAME:	OFFICEPROFESSI	TELEPH	ONE: _()			
Location 2: ESTABLISHM ADDRESS	Type:HOME (MENT NAME:	OFFICEPROFESSI	ONAL OFFICE _ TELEPH ESTABI	ONE: (
ESTABLISHM	MENT NAME:	OFFICEPROFESSI	TELEPH	ONE: _()			
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5. FEE WAIVER for MASSAGE THERAPISTS

Note: All MASSAGE THERAPY practitioners must be licensed by the State of Massachusetts and are eligible to waive the Cambridge Bodywork Therapy practitioner licensing fee.

Please indicate whether you will also practice **MASSAGE THERAPY** in Cambridge: ____YES ____NO If you are a state-licensed Massage Therapist, <u>please submit a copy</u> of your current Massachusetts Massage Therapy practitioner license.

6. Please submit the following items with this renewal application:

- Two recent 2" x 2" face-front photographs
- Check or money order (no cash or credit cards) in the amount of \$50.00, made payable to "Cambridge Public Health Commission" (fee not required if you qualify for a waiver see above).

7. Please submit the following documentation for each therapy modality you will practice:

Asian Bodywork Therapy (excluding Ayurvedic):

→ Current membership in AOBTA at the "certified practitioner" level <u>or</u> NCCAOM certification as a "Diplomate in Asian Bodywork Therapy"

Ayurvedic:

- → Current certification, if available
- → Current membership in an approved professional organization, if available

Polarity Therapy:

→ Current "Registered Polarity Practitioner*" (RPP) certification by the American Polarity Therapy Association, Greensboro, NC

Rolfing:

- → Current certification by the Rolf Institute of Structural Integration, Boulder, CO, as:
 - a. Rolfing Practitioner / Certified Rolfer, or
 - b. Certified Rolf Movement Practitioner, or
 - c. Certified Advanced Rolfer

8. Please answer the following questions.

Signatu	re:	
Signed	unde	the pains and penalties of perjury, on this date:
truth of	the st	e City of Cambridge, its agents and employees, to seek information and to conduct an investigation into the atements set forth in this application. I certifiy that I have not misrepresented my training, credentials, or title srepresent them to the public.
Please li	st the	applicable organizations, associations, and institutions here:
professi	onal c	d of and agree to abide by the standards of practice and ethical guidelines of all organizations, associations and institutions that have provided/awarded my bodywork ng, certification, and membership.
I have re	ead ar	ad agree to abide by the Cambridge Rules and Regulations (revised November 1, 1999).
9. Auth	oriza	tion
	B.	Have you ever been denied a massage or bodywork therapy license for any reason? Yes No
	71.	massage or bodywork therapy rules , by-laws or standards of practice of any governmental authority, health care facility, or professional organization?Yes No

Have you ever been fined cited or otherwise disciplined for any non-criminal violation of the



Questions? Please contact Kari Sasportas, Environmental Health Specialist, at (617) 665-3848 / ksasportas@challiance.org.