

## **TEXAS DEPARTMENT OF LICENSING & REGULATION**

P.O. Box 12157 - Austin, Texas 78711-2157 education@tdlr.texas.gov - www.tdlr.texas.gov

| School Name:   |                                  | School License Number:                      |
|--|----------------------------------|---|
| Student Name:  |                                  | Receipt date:                               |
| Student Name.  |                                  | Receipt date.                               |
| In signing this document, I acknowledge that I hav   | e received the following informa | ation:                                      |
| program outline  | o roosivou ulo lonowing illionne |   |
| the admission requirements   |                                  |   |
| a schedule of tuition, fees, and other charge  | es                               |   |
| a cancellation and refund policy   |                                  |   |
| the length of time for completion of program, including internship hours   |                                  |   |
| a class schedule including estimated break and mealtimes   |                                  |   |
| <ul> <li>the attendance and progress policies, including requirements and fees for make-up hours</li> </ul>  |                                  |   |
| grievance policies   |                                  |   |
| the student-teacher ratio  |                                  |   |
| the conduct policy   |                                  |   |
| <ul> <li>explanations of the difference between a loan and a grant, if the school participates in a loan or grant program</li> </ul>   |                                  |   |
| a copy of the enrollment agreement   |                                  |   |
| <ul> <li>a notice that clearly states the number of course hours which must be successfully completed before a student can<br/>be licensed as a massage therapist under this chapter</li> </ul>  |                                  |   |
| <ul> <li>a list of instructors, their qualifications, and the subject area taught by each instructor</li> </ul>  |                                  |   |
| <ul> <li>information indicating how a prospective student may obtain copies of the Massage Therapy Act, Texas Occupations<br/>Code, Chapter 455 and this chapter</li> </ul>  |                                  |   |
| <ul> <li>a statement that the Act sets out that a person is ineligible for licensure if the person has been convicted of, entered a plea of nolo contendere or guilty to, or received deferred adjudication to crimes or offenses under Chapter 20A, Penal Code, or Subchapter A, Chapter 43, Penal Code, or another sexual offense</li> </ul> |                                  |   |
|  | CERTIFICATION                    |   |
| I acknowledge that I have furnished information disclosing my previous education, training, and work experiences. I understand this will be evaluated and may result in the program length being shortened and the cost reduced.   |                                  |   |
| I understand that complaints may be made to the Program, P.O. Box 12157, Austin, Texas 78711, (to read the Massage Therapy Act and the rules of  | 512) 539-5600, or www.tdlr.tex   | as.gov. I have been offered the opportunity |
| I understand that the State of Texas requires only<br>therapist, and anything beyond that is strictly volun  |                                  | of instruction for licensure as a massage   |
| Student Printed Name   | Student Signature                | <br>Date                                    |
| Authorized School Representative Signature   |                                  |   |