APPLICATION FOR LICENSURE EXAMINATION FOR MASSAGE THERAPIST

Name: ___________________________  ___________________________  ___________________________

Address: ___________________________  ___________________________  ___________________________  ___________________________

Contact Number: ___________________________  Civil Status: ___________________________  Sex: ___________________________

Place of Birth: ___________________________  ___________________________  Province

Date of Birth: ___________________________  Age: ___________________________  Nationality: ___________________________

Highest degree/educational completed:

Name & Address of school last attended:

Name & Address of Accredited Training Institution for Massage Therapy:

Have you completed the following courses under the Massage Therapy curriculum?   Yes  /  No

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>No. of Hours</th>
</tr>
</thead>
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<td>Anatomy General and Organ System Anatomy</td>
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<tr>
<td>Physiology General and Organ System Physiology</td>
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<tr>
<td>Pathology/Microbiology General pathology and Microbiology</td>
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<tr>
<td>Massage Therapy I Introduction to Massage Therapy</td>
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<td>Massage Therapy II Massage Therapy Application</td>
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<td>Massage Therapy III Practice of Massage Therapy</td>
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Republic of the Philippines
Province: ___________________________
Town: ___________________________

I, ___________________________, ___________________________, hereby certify that the attached statement and documents required for Licensure of Massage Therapist are true and correct to the best of my knowledge.

____________________________________
Printed Name over Signature

SUBSCRIBED AND SWORN before me this ______ day of ______ 20 ______ at _______.
Affiant exhibited to me his/her Residence Certificate No. __________________ issued at __________________ on ______, 20______.

____________________________________
NOTARY PUBLIC

Doc No. __________________
Page No. __________________
Notarized Reg. No. _________
Series of ___________________
GUIDELINES IN THE CONDUCT OF LICENSURE EXAMINATION FOR MASSAGE THERAPIST:

1. Filing of application should be done 1st week to 3rd week of May for June examination and 1st week to 3rd week of November for December examination. INCOMPLETE REQUIREMENTS WILL NOT BE ACCEPTED.

2. Theoretical Examination. The theoretical examination includes basic questions on Anatomy and Physiology; Microbiology and Parasitology; Sanitation and Hygiene; and Ethics and Jurisprudence. The examination will start at 8:30 AM; hence, all examinees are expected to be at the venue at least thirty (30) minutes before the scheduled time. Examination permits will be checked by the Committee Secretariat. Those who do not have examination permit will not be allowed to take the examination. Instructions will be given by the Committee of Examiners for Massage Therapy before the start of the examination. The result of the theoretical examination will be announced in the afternoon of the following day.

3. Oral/Practical Examination. Only those who passed the theoretical examination are qualified to take the oral/practical examination. Schedule of the oral/practical examination will be announced after the announcement of the result of theoretical examination. All are required to report on the given schedule. Failure to do so will mean failure in the oral/practical examination. Examinees may request for a change in schedule provided the Committee was informed in advance with valid reasons. Results of the Oral/Practical exam will be announced in the afternoon of the following day.

4. The Certificate of Registration for newly licensed Massage Therapists will be awarded during the Oathtaking Ceremonies.

5. APPLICATION REQUIREMENTS:

   a) Certified True Copy of Birth Certificate;
      (At least eighteen (18) years old at the time of the examination)

   b) Certificate of Good Moral Character from Barangay Captain of the community where the applicant resides;

   c) Certification or Clearance from the National Bureau of Investigation or Provincial Fiscal that s/he is not convicted by the court of any case involving moral turpitude;

   d) Medical Certificate from a Government physician that the applicant is fit to take the licensure examination.

   e) Certified True Copy of Diploma or Transcript of Record;
      (At least High school graduate)

   f) Marriage Contract of female married applicant;

   g) Certification from an accredited training institution that s/he has received 60 hours of basic instructions in Anatomy & Physiology, Microbiology and Parasitology, Sanitation & Hygiene, Ethics & Jurisprudence or certification that he/she has received instruction on the above subjects (except Ethics & Jurisprudence) from recognized school or college and a Certification of Training that he/she has taken practical massage from an accredited training provider for at least sixty (60) hours;;

   h) Filled application form (1 copy); and

   i) Passport size photograph taken within the last six months (4 copies)

DOH-HHRDB CEMT FORM
Revision 2
14 Jan. 2011