



St. Joseph County Health Department

“Promoting physical and mental health and facilitating the prevention of disease, injury, and disability for all St. Joseph County residents”

APPLICATION FOR MASSAGE THERAPIST PERMIT

1. Name of Applicant: _____
2. Address, City and Zip: _____
3. Phone: _____ Date of Birth: _____
4. Name and address of establishment, if any, at which you expect to be employed:

Address	City	State and ZIP

5. Further requirements for completion of this application:
 - a. A copy of Massage Therapist Certification from the Indiana State Board of Massage Therapy;

– OR –

A copy of the applicant’s diploma or certification of graduation, 500 credit hours from a recognized School of massage therapy.

 - b. A copy of the applicant’s driver license or government issued identification.
 - c. A fee of **fifty dollars (\$50.00)** is to accompany this application and is payable every February with the renewal of the Massage Therapist Permit.

_____ Signature	_____ Date
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FOR OFFICE USE ONLY!

Date paid: _____	Department Employee: _____
Transaction #: _____	State Certified: Yes / No _____