

# **GOVERNMENT OF THE DISTRICT OF COLUMBIA**

## Health Professional Licensing Administration 899 North Capitol Street, NE, First Floor Washington, DC 20002

### MASSAGE THERAPY APPLICANTS:

This form must be returned in a sealed envelope <u>and</u> hand delivered to the office of Health Professional Licensing Administration by the massage therapy applicant. Please note: You must have a massage therapy application on file.

## SUPERVISED PRACTICE FORM TO BE COMPLETED BY MASSAGE THERAPY SUPERVISOR

#### TO THE SUPERVISOR:

This form must be completed if you are supervising an applicant for licensure as a massage therapist. In accordance with Title 17 of the District of Columbia Municipal Regulations, section 7511.6, a massage therapist supervising a student or applicant **shall be fully responsible** for massage therapy performed according to the written protocols of the school or supervisor by the student or applicant during the time of the supervision and is subject to disciplinary action for any violation of the Act or this chapter by the person supervised.

The massage therapy applicant may work under the supervised practice for ninety (90) days from the date of signature by the supervisor. This supervised practice form shall be issued only one time.

| LAST NAME,                                    | FIRST NAME                       | MI               | LICENS         | E NUMBER        |
|---|----------------------------------|------------------|----------------|-----------------|
| Applicant's Name                              | (Please Print):                  |                  |                |                 |
| LAST NAME,                                    | FIRST NAME                       | MI               | LICENSE NUMBER |                 |
| Location of superv                            | vision (Facility Name):          |                  |                |                 |
| Brief description of                          | f applicant's duties and r       | esponsibilities: |                |                 |
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| SUPERVISOR SI                                 | GNAIUKE                          | PHO              | NE NUMBER      | DAII            |
| SUPERVISOR SI                                 | GNA I UKL                        | PHO              | NE NUMBER      | DATE            |
| SUPERVISOR SI                                 | GNA I URE                        | FOR OFFICE USE O |                | DAT             |
|   | rm Submitted:                    | FOR OFFICE USE O |                | DAT             |
| Date supervision fo                           |                                  | FOR OFFICE USE O |                | DAT             |
| Date supervision fo<br>Date superv            | rm Submitted:                    | FOR OFFICE USE O |                | DATI            |
| Date supervision fo<br>Date superv<br>Date of | rm Submitted:<br>ision will end: | FOR OFFICE USE O |                | DATI<br>DC SEAL |