

# CAMTC Application for Limited Recertification Instructions

Most of the questions in the application for recertification are easy and self-explanatory. We have only included instructions for the ones that may pose some challenge for you. Before starting the recertification application process, please read ALL of the instructions.

## **Question 3**

This address must be the street address where you reside and cannot be a P.O. Box or other mail drop location. Please be aware that it is your responsibility by law to update CAMTC within 30 days if this information changes. With your ID and password, you can update this information online anytime by going to the link on the Massage Professionals web page at [www.camtc.org](http://www.camtc.org).

By law, you are required to provide your primary email address, if you have one, and notify CAMTC of any change in your primary email address within 30 days of that change. Please enter the two (2) best email addresses where you can be reached by CAMTC. Your email address information is confidential and will be used exclusively for notification purposes related to CAMTC matters of importance to you. If we need further information while processing your Application we will contact you via email. Please be sure to keep your email address current and to check your emails in order to receive CAMTC updates and alerts.

## **Question 5**

For each business location where you are CURRENTLY working on paying massage clients, please enter the business name, contact person, address, telephone number, email address, and website address. Please provide your start date at this location. Next, select the work status that most closely fits your situation: "Employee," "Independent Contractor," "Paying for Use of Space," "Self-Employed," "Owner," "Employer," "Manager," "Instructor," or "Other." If you are currently working at more than two locations, please add the same information for each location where you are currently working on a separate sheet of paper attached to the application.

## **Question 6**

Please provide information here for all of the business locations where you have provided massage to paying clients (but are not currently working at) in the past 10 years. You are required to provide information on ALL of the business locations where you provided massage for compensation in the last 10 years, regardless of how short of a period of time you worked there. This question is only asking about **business locations** where you provided massage for compensation, and does NOT include locations where you provided massage on

an out-call basis. Please provide all of the information requested, including start date and end date.

## **APPLICANT HISTORY SECTION**

### **Question 1**

Please select “Yes” if you have received an administrative or civil citation, or been denied or been refused the renewal of a license, permit, certificate, or other authorization for a massage therapy business, or to practice massage therapy or any other profession, in any city, state, county or jurisdiction since the date you signed and dated your original application for certification. This includes actions taken against you personally as a massage professional, as well as actions taken against you as the owner/operator of a massage business, and actions taken against you as a professional in another profession, such as manicure, cosmetology, esthetician, medical professional, acupuncture, chiropractic, physical therapy, etc.

If you select “Yes,” you will need to provide a written statement on a separate piece of paper attached to your recertification application for each and every incident, in order to explain the action taken against you in more detail. Please describe the following in detail for each and every incident:

- A detailed description of the incident that led to the action being taken against you including the date of the incident;
- The location where the incident occurred and whether it occurred at a location where massage is provided;
- Whether the incident is related to massage services;
- What exactly was acted against (a permit, license, certificate, business license, operator’s permit, etc.);
- The specific action taken against you (for example - did you have a permit revoked, paid a fine, had a state license disciplined, had your application denied, etc.);
- The date of the citation or the date the action against you occurred;
- Identify the agency that took the action against you (city, county, state, etc.);
- The stated reason for the action being taken against you (for example – a massage professional failed to properly cover a client, the business used an un-permitted or un-certified person to provide massage services, etc.); and
- Any other relevant information in your possession.

Please also provide copies of any documentation you have in relation to the action taken against you (for example – copies of administrative citations, judgments, receipts for fines paid, final decision letters from the agency that took action against you, etc.).

**Failure to fully disclose requested information is a violation of the law and is considered an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial of certification or revocation of certification.**

## **Question 2**

Please select “Yes” if you have ever had a license, certificate, certificate of registration, permit, or other authorization for a massage business or to practice massage therapy or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization).

If you select “Yes,” you will need to provide a written statement on a separate piece of paper attached to your recertification application for each and every incident, in order to explain the action taken against you in more detail. Please describe the following in detail for each and every incident:

- A detailed description of the incident that led to the action being taken against you including the date of the incident;
- The location where the incident occurred and whether it occurred at a location where massage is provided;
- Whether the incident is related to massage services;
- What exactly was acted against (a permit, license, certificate, business license, operator’s permit, etc.);
- The specific action taken against you (for example - did you have a permit revoked, paid a fine, had a state license disciplined, had your application denied, etc.);
- The date of the citation or the date the action against you occurred;
- Identify the agency that took the action against you (city, county, state, etc.); and
- The stated reason for the action being taken against you (for example – a massage professional failed to properly cover a client, the business used an un-permitted or un-certified person to provide massage services, etc.); and
- Any other relevant information in your possession.

Please also provide copies of any documentation you have in relation to the action taken against you (for example – copies of administrative citations, judgments, receipts for fines paid, final decision letters from the agency that took action against you, etc.).

**Failure to fully disclose requested information is a violation of the law and is considered an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial of certification or revocation of certification.**

### Question 3

Select "Yes" if there is currently pending against you a formal complaint (an allegation of sexual misconduct, a lawsuit filed, an administrative citation, or a government complaint or summons issued) against your professional conduct or professional competence. This includes both administrative and civil actions.

If you select "Yes," you will need to provide a written statement on a separate piece of paper included with your recertification application to explain each and every pending complaint in more detail. Please provide all of the following information for each pending complaint:

- The place where the formal complaint is pending (city, county, state, or country);
- The nature of the complaint and a detailed description of the incident that resulted in the complaint including the date of the incident;
- The location (name of business and address) where the incident that resulted in the complaint occurred, including identifying whether it occurred at a business that provides massage;
- Whether the incident is related to massage services;
- The agency that the complaint has been filed with;
- Any identifying information you have in relation to the complaint, such as case number, etc.;
- The current status of the complaint; and
- Any other relevant information in your possession.

Please also provide copies of any documentation you have in relation to the complaint.

**Failure to fully disclose requested information is a violation of the law and is considered an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial of certification or revocation of certification.**

### Question 4

If you have ever had a complaint made against you, to either a business or to you directly, in relation to your conduct as a massage professional or in relation to a massage business that you own/operate, please answer "Yes."

If you select "Yes," you will need to provide a written statement on a separate piece of paper included with your recertification application to explain each and every complaint made against you or a business you currently or have in the past owned/operated in more detail. Please provide all of the following information for each complaint:

- Who made the complaint (for example – the client, the spouse of a client, the parent of a client, a neighbor, etc.);
- Who the complaint was made against (for example – you, a massage professional working at your establishment, etc.)
- The nature of the complaint and a detailed description of the incident that resulted in the complaint, including date of the incident;
- The location (name of business and address) where the incident that resulted in the complaint occurred, including identifying whether it occurred at a business that provides massage;
- The current status of the complaint including whether it has been resolved, and if so, how it was resolved; and
- Any other relevant information in your possession.

### **Question 5**

Select "Yes" if, since the date you signed and dated your original application for certification, you have had charges filed against you for 647(b) – Prostitution, or an act punishable as a sexually related crime, or been required to register as a sex offender in California or another state.

### **Question 6**

Select "Yes" if you have ever been convicted of any offense, other than one addressed in the Marijuana Reform Act. You are required to report all infractions, as well as misdemeanor and felony convictions, even if they have been adjudicated, dismissed, expunged.

If you select "Yes," you will need to provide a written statement on a separate piece of paper included with your recertification application to fully explain each and every conviction in more detail. Please include the following information for each and every conviction:

- The date of the incident(s) and conviction(s);
- The specific charge(s) convicted of;
- Where the incident took place;
- Whether the incident occurred at a business that provides massage;
- Whether the incident is related to massage services;
- The court location or jurisdiction;
- The sanctions, penalties, or probationary terms imposed and completion dates; and
- A description of the rehabilitative changes in your life that will enable you to avoid future occurrences.

Please also provide copies of any documentation you have in relation to the conviction(s).

The burden of proof is on you to demonstrate rehabilitation. Please see CAMTC's website under "Certification" for [Criteria for Proof of Rehabilitation](#).

**Failure to fully disclose requested information is a violation of the law and is considered an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial of certification or revocation of certification.**

**APPLICANT AFFIDAVIT & RECORD RELEASE.** The Applicant Affidavit and Record Release is your statement of honesty, integrity, and is legally binding once you sign and date your recertification application. This statement allows the sharing of your recertification application information and background information between CAMTC and law enforcement agencies. You must read the Affidavit carefully, and agree with everything you affirm and state.

Please place your initial in the boxes next to each separate paragraph of the Applicant Affidavits and Record Release in order to document your careful consideration of these contents prior to signature.

**SIGN & DATE the APPLICATION.** Make sure your full name is entered at the beginning of the first line of the Applicant Affidavit and then SIGN and DATE the Application. MAKE A COPY OF THE SIGNED AND DATED APPLICATION FOR YOUR RECORDS.

**INCLUDE ANY SUPPORTING DOCUMENTATION.** Attach any supporting documentation as needed to your completed Application.

**INCLUDE YOUR APPLICATION FEE.** The application fee is \$150 and only includes a single copy of your CAMTC certificate (if granted). You are required to post an original certificate at each location where you work, therefore if you work at more than one location, you may request additional original certificates with your application. The fee is \$15 per original certificate. CAMTC will accept a PERSONAL CHECK, CASHIER'S CHECK, or MONEY ORDER for \$150.00 plus any additional amounts added for additional original certificates, made payable to: California Massage Therapy Council or [PAY ONLINE](#). You can also enter your credit card information where indicated on the Application form. While CAMTC accepts PERSONAL CHECKS, please be aware that you will be charged a \$25.00 processing fee should your check be returned by the bank and your recertification application will be delayed. **Your \$150.00 application fee is non-refundable.** If you are certified, this fee provides for 2 FULL YEARS of CAMTC certification as a CMT.

**INCLUDE YOUR LATE FEE.** The \$125 late fee is applied to this Limited Application for Recertification.

**GET YOUR LIVE SCAN FINGERPRINTS COMPLETED.** This is a separate process that you MUST do in order to become a Certified Massage Therapist (CMT).

**MAIL RECERTIFICATION APPLICATION TO:**  
CAMTC  
ONE CAPITOL MALL, SUITE 800  
SACRAMENTO, CA 95814

If you want immediate confirmation that your Application has been received by CAMTC, please send it via USPS mail with delivery confirmation and verify delivery on their website. Otherwise, you will get an acknowledgement email when your recertification application is entered into our database (which can be 2-3 weeks after it arrives in our office). Thank you for your patience.

**Thank You!** Please share the benefits of CAMTC Certification with your fellow massage professionals. We welcome your feedback regarding the recertification process, and encourage you to send your comments to: [camtc@amgroup.us](mailto:camtc@amgroup.us).



# CALIFORNIA MASSAGE THERAPY COUNCIL Application for Limited Recertification

Ver. 20161201

1. CAMTC ID Number: \_\_\_\_\_ CAMTC Certificate Number: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

3. Home Address -> Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Is your Mailing Address the same as the above Physical Address where you live? Yes  No

If you answered "No" to the question above, then you must provide your current Mailing Address below. You are also required by law to provide your primary email address, if you have one. Please remember that your Application may be delayed, or you may be required to pay additional processing fees if you provide CAMTC with an incorrect Mailing Address.

Mailing Address -> Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone -> Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary E-mail address: \_\_\_\_\_

Secondary E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number (or State ID): \_\_\_\_\_

5. Please provide the following BUSINESS INFORMATION for ALL locations where you CURRENTLY provide Massage Therapy Services.

Current Place of Work 1 – Business Name: \_\_\_\_\_

Primary Business Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business email: \_\_\_\_\_ Business website: \_\_\_\_\_

Approximate Start Date: \_\_\_\_\_

Please indicate your work status:

Employee  Independent Contractor  Paying for Use of Space

Self-Employed  Owner  Employer  Manager

Instructor  Other



Current Place of Work 2 – Business Name: \_\_\_\_\_

Primary Business Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business email: \_\_\_\_\_ Business website: \_\_\_\_\_

Approximate Start Date: \_\_\_\_\_

Please indicate your work status:

Employee     Independent Contractor     Paying for Use of Space

Self-Employed     Owner     Employer     Manager

Instructor     Other

Please include additional current work locations on an attached sheet.

6. Please provide information on all of your **Previous Massage Work Locations** within the past ten (10) years. If you have provided massage for compensation at more than two (2) massage locations within the past ten (10) years, please enter your previous work locations on an additional sheet of paper, attached to the application.

Previous Place of Work 1 – Business Name: \_\_\_\_\_

Primary Business Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business email: \_\_\_\_\_ Business website: \_\_\_\_\_

Approximate Start Date: \_\_\_\_\_ Approximate End Date: \_\_\_\_\_

Please indicate your work status:

Employee     Independent Contractor     Paying for Use of Space

Self-Employed     Owner     Employer     Manager

Instructor     Other

Previous Place of Work 2 – Business Name: \_\_\_\_\_

Primary Business Contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business email: \_\_\_\_\_ Business website: \_\_\_\_\_

Approximate Start Date: \_\_\_\_\_ Approximate End Date: \_\_\_\_\_

Please indicate your work status:

Employee     Independent Contractor     Paying for Use of Space

Self-Employed     Owner     Employer     Manager

Instructor     Other

---

### APPLICANT HISTORY SECTION

A “Yes” answer to any of the following questions requires a separate written statement explaining in your own words all of the complete details (as requested in the instructions) regarding the incident or event. All supporting documentation for a “Yes” answer must be attached to your recertification application at the time it is filed with the California Massage Therapy Council (“CAMTC”). CAMTC reserves the right to request additional documentation as needed.

**Failure to fully disclose or provide all requested information is a violation of the law and is considered to be an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial, suspension, or revocation of a CAMTC Certificate.**

1. Since the date you signed and dated your initial application for certification to CAMTC, have you received an administrative or civil citation related to the practice of massage therapy or a massage therapy business or any other profession, or been denied or refused the renewal of a license, permit, certificate, or other authorization to practice massage therapy or related to a massage therapy business or any other profession, in any city, county, state, country, or jurisdiction?

YES  NO

2. Since the date you signed and dated your initial application for certification to CAMTC, have you had a license, certificate, certificate of registration, permit, or other authorization for a massage therapy business, or to practice massage therapy, or for any other profession, revoked, suspended, or otherwise acted against (including administrative citation, civil citation, municipal code violation, probation, fine, reprimand, settlement, or surrender of a license, permit, certificate, or other authorization)?
- YES  NO
3. Since the date you signed and dated your initial application for certification to CAMTC, have you had, or is there currently pending against you, in any city, county, state, country, or jurisdiction, a complaint against your professional conduct (sexual misconduct or otherwise) or professional competence?
- YES  NO
4. Are you aware of any complaints made against you to a business or made to you directly in relation to your conduct as a massage professional, or in relation to a massage therapy business you currently or in the past have owned or operated?
- YES  NO
5. Since the date you signed and dated your initial application for certification to CAMTC, have you had criminal charges filed against you for penal code section 647(b) - Prostitution or any act punishable as a sexually related crime, or been required to register as a Sex Offender in California or another state?
- YES  NO
6. Have you ever been convicted of any criminal offense? (You need not disclose any marijuana-related offenses specified in the marijuana reform legislation and codified in the Health and Safety Code sections 11361.5 and 11361.7.) If "Yes," please explain fully as described in the instructions. ALL convictions MUST be reported even if they have been adjudicated, dismissed, or expunged. The definition of a "conviction" includes a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. You MUST include ALL convictions, including infractions, misdemeanor, and felony convictions.
- YES  NO
-

**APPLICANT AFFIDAVIT & RECORD RELEASE**

I \_\_\_\_\_ (“the Certificate Holder”) hereby declare and reaffirm that, except for the new information contained herein or attached hereto, the information contained in my initial CAMTC application is still true and correct and I did not omit any relevant information in my initial CAMTC application.

*initial*

I understand that it is my duty and responsibility as a CAMTC Certificate Holder and applicant for recertification to supplement and/or update my information with CAMTC when any change in circumstances or conditions occur which might affect CAMTC’s decision concerning my eligibility for certification or recertification. I understand that if I am charged with Penal Code section 647(b) – Prostitution or any act punishable as a sexually related crime, or required to register as a sex offender in California or another state, I am required to immediately notify CAMTC of the fact that these charges have been filed against me and if/when I have been convicted of these or any other offenses. Failure to supplement and/or update my information may result in disciplinary action by CAMTC including but not limited to denial, suspension, or revocation of the Certificate.

*initial*

I understand that it is my responsibility by law to provide CAMTC with any changes of home address, change of business address(es), change of primary email address, and addition of business address(es) within 30 days of any such change or additions, and that failure to report such changes or additions in a timely manner to CAMTC may result in disciplinary action by CAMTC including but not limited to denial, suspension, or revocation of my certificate.

*initial*

I understand and agree that my application for recertification may be denied based on unprofessional conduct if I practice massage at a massage establishment, or own a massage establishment, that advertises in any adult and/or sexually oriented section of any form of media, whether print or digital.

*initial*

I hereby authorize Law Enforcement Agencies (LEA), government agencies, and other massage related entities to release my records to CAMTC upon request and I hereby authorize CAMTC to share all information about me, whether provided by me or others, including personal information, with LEA, government agencies, and other massage related entities upon request. (Note: we will not sell or release personal information for marketing purposes).

*initial*

I understand that if I am granted CAMTC certification, it is only for a period of two years, and it is my responsibility to submit a fully completed application for re-certification and ensure that it is **received** by CAMTC **before** the expiration date listed on my certificate. I further understand that a reminder notification may be sent to me as a courtesy, but failure to receive the reminder notification does not waive my responsibility to submit a fully completed application for re-certification and ensure that it is received before my current certificate expires. I further understand that failure to submit a fully completed application for re-certification that is received by CAMTC before my certificate expires **will result in a late fee of up to \$90** if the application for re-certification is received by CAMTC within six (6) months of my certificate expiring. I further understand that if a fully completed application for re-certification is not received by CAMTC within six (6) months of my certificate expiring, I will be required to apply for certification as a **new applicant** and I will have to meet all of the requirements for certification that exist at the time I apply.

*initial*

**I UNDERSTAND THAT UNDER NO CIRCUMSTANCES CAN THIS LATE FEE OR POLICY BE WAIVED.**

I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE STATUTES AND RULES APPLICABLE TO THE PRACTICE OF MY PROFESSION IN CALIFORNIA.

*initial*

I understand that my recertification application and late fee's are non-refundable regardless of the ultimate disposition of my application for recertification.

*initial*

I HAVE CAREFULLY READ THE FOREGOING QUESTIONS AND HAVE ANSWERED THEM COMPLETELY WITHOUT RESERVATION OF ANY KIND, AND I DECLARE UNDER PENALTY OF PERJURY, THAT MY ANSWERS AND ALL OF THE STATEMENTS MADE HEREIN AND PROVIDED IN SUPPORT OF THIS APPLICATION ARE **COMPLETE, TRUE AND CORRECT**. Should I furnish any false information or fail to submit any relevant information in support of this application for recertification, I understand that such action shall constitute cause for denial, suspension, or revocation of my CAMTC Certificate.

*initial*

\_\_\_\_\_  
Certificate Holder's Signature

\_\_\_\_\_  
Date

**Limited Recertification Fee (includes ONE original CAMTC certificate): \$150.00**  
(By law you must display an original CAMTC certificate at each business location where you provide massage for compensation.)

**Limited Recertification Late Fee: \$125.00**

**Total number of additional original certificates requested: \_\_\_\_\_ x \$15 each**

**Fee for all Additional Original Certificates requested: \$ \_\_\_\_\_**

**Total fee (incl. app fee, late fee, and add. original cert fee): \$ \_\_\_\_\_**

**Please select your payment method:**

Personal Check    Cashier's Check    Money Order    Credit Card (Fill in information below):

Card Type:  Visa    Mastercard    Amex    Discover Credit   Card Billing Zip Code:

Name on Card:    Credit Card #:

Exp. Date:    Code:

---

Please mail this APPLICATION, including fee and attachments to:  
**California Massage Therapy Council**  
**One Capitol Mall, Suite 800**  
**Sacramento, CA 95814**



20161201

## APPLICATION FOR LIMITED RECERTIFICATION

### ADDENDUM TO APPLICANT HISTORY SECTION

A Yes" answer to the following question requires a separate written statement explaining in your own words all of the complete details (as requested in the instructions) regarding the incident or event. All supporting documentation for a Yes" answer must be attached to your limited recertification application at the time it is filed with the California Massage Therapy Council ("CAMTC"). CAMTC reserves the right to request additional documentation as needed.

Are you now, or have you ever been, required to register as a Sex Offender in California or another state? YES  NO

I hereby authorize Law Enforcement Agencies (LEA), government agencies, and other massage related entities to release my records to CAMTC upon request, and I hereby authorize CAMTC to share all information about me, whether provided by me or others, including personal information, with LEA, government agencies, and other massage related entities upon request. (Note: we will not sell or release personal information for marketing purposes).

Print Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

# CAMTC Application for Limited Recertification Instruction

## History Question for Addendum to Applicant History Section

Select "Yes" if you are now, or have ever been, required to register as a Sex Offender in California or another state.

If you select "Yes," you will need to provide information for each and every registration in more detail. Please include the following information for each and every registration:

- The date of the incident(s) that led to registration;
- Where the incident took place;
- Whether the incident occurred at a business that provides massage;
- Whether the incident is related to massage services;
- Description of what happened in your own words;
- Identify the agency that took the action against you;
- The court location or jurisdiction;
- Description of what happened to lead to your registration;
- Date of conviction;
- The specific charge(s) convicted of;
- Note if this is a lifetime registration;
- Identify the location of registration, the registration date and period of registration;
- Any other information that you would like to share with CAMTC.

Please also upload copies of any documentation you have in relation to the registration(s).

**Failure to fully disclose requested information is a violation of the law and is considered an attempt to procure a certificate by fraud, misrepresentation, or mistake and is grounds for denial of certification or revocation of certification.**