



Division of Environmental Health
100 Central Ave
Cheyenne, WY 82007
Ph:307-633-4090
Email: envhlth@laramiecountywy.gov
Website: www.clcpublichealth.org

County Massage NEW THERAPIST Permit Application

The completion of this application is for the intent of employment as a Massage Therapist in the business, trade or profession of massage therapy as defined by the Cheyenne Laramie County Board of Health Regulations.

Date Submitted: _____ Fee Collected: \$128 Cash/Check # _____

ATTACHMENTS REQUIRED WITH THIS APPLICATION:

- _____ Proof that the applicant(s) is/are at least the age of majority
- _____ Two current photographs of applicant at least 2 inches by 2 inches (2 x 2).
Date Taken _____
- _____ Driver's license for each applicant
- _____ Copy of Diploma/Certificate of Completion for Distance Learning School or School
- _____ Medical certificate signed by a physician, licensed to practice in the State of Wyoming.
Certificate must state that the applicant was examined by the certifying physician. (Must not be more than 14 days prior application)
- _____ Proof of high school diploma or equivalent
- _____ Proof of not less than one million dollars in individual general liability coverage
- _____ Documentation of current membership with national organization associated with
massage therapy and the organization's code of ethics
- _____ Proposed format to be used as an intake form
- _____ List of services available and the cost of such services

Will the applicant's primary purpose of this permit be:

_____ In-home services _____ Out-of-home services

If applicant's primary purpose is in-home services, a suitable floor plan delineating the area to be utilized for the administration of in-home services shall be submitted with this application. Written approval from the County Planning department is required.

Provide the location where massage is to be conducted or practiced (if stationary) and any additional phone numbers for the applicant.

Address 1: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Address 2: _____

City: _____ State: _____ Zip: _____ Phone #: _____

School Information

Name of school or distance learning school: _____

School Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Dates attended: _____ Date of completion: _____

Type of degree/certificate: _____

Distance learning schools and schools must be licensed, if required, through the applicable state agency in the state in which the school is located. Does the school attended have a valid state license?

_____ Yes _____ No _____ N/A

If a state license is not required, has the school's massage curriculum been reviewed, evaluated, and approved by a national or international professional massage therapy organization? If so, provide name of organization online below.

_____ Yes _____ No _____ N/A

-OR-

If a state license is not required, does the school have current accreditation status issued by an accreditation organization recognized by the US Department of Education or does it have current accreditation status issued by a national accreditation organization as approved by the Cheyenne-Laramie County Health Officer? If so, provide name of organization online below.

_____ Yes _____ No _____ N/A

Has the applicant ever had a business license or permit of this nature revoked or suspended? If yes, provide date, location and reason for suspension or revocation. Include information such as business/occupation subsequent to the suspension or revocation.

Has the applicant ever been convicted of a crime other than a misdemeanor traffic offense? If yes, provide dates, location, and nature of conviction.

Applicant Information

Name: _____

First

Middle

Last

Alias name(s): _____

Height _____ Weight _____ Gender _____ Hair Color _____ Eye Color _____

Driver's License #: _____ State Issued: _____

Social Security #: _____ Date of Birth: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

How long at present address: _____ (years)

List 2 previous addresses immediately prior to the current address of the applicant:

Address 1: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Address 2: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Employment Record

Provide business, occupation, or employment of the applicant for the three (3) years immediately preceding the date of application. List employment in order starting with the most recent employer.

Employer 1: _____

Address: _____

Supervisor: _____ Phone #: _____

Position: _____

Employer 2: _____

Address: _____

Supervisor: _____ Phone #: _____

Position: _____

Employer 3: _____

Address: _____

Supervisor: _____ Phone #: _____

Position: _____

AFFIDAVIT/AUTHORIZATION

The undersigned applicant hereby authorizes the Cheyenne Laramie County Public Health Officer and his agents and employees to seek information and conduct investigations into the truth of the foregoing statements as set forth in this application and agrees to comply fully with rules and regulations of the Cheyenne Laramie County Board of Health, governing the permit requested, and further declares that the foregoing information contained in this application is true and correct.

(Signature of Applicant)

Subscribed to before me this _____ day of _____, 20____

Notary Public

My Commission Expires: _____

APPROVALS:

The Cheyenne Laramie County Board of Health will provide written approval only after all other approvals have been obtained.

LARAMIE COUNTY SHERIFF: _____
1910 Pioneer Ave.

DISTRICT FIRE DEPARTMENT: _____
As assigned

COUNTY PLANNING: _____
3966 Archer Pkwy.

CHEYENNE LARAMIE COUNTY PUBLIC HEALTH OFFICER or their designee: _____
100 Central Ave.

Status: _____Approved _____Denied

Therapist ID: _____

Expiration Date: _____

Permit Issued: _____