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

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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:_____