

**City of Troy
City Clerk's Office
500 West Big Beaver
Troy, Michigan 48084
(248) 524-3331**



(Send Application & Remittance to Above Address)

MESSAGE THERAPIST ANNUAL REGISTRATION FORM

Date _____

Full Name _____ Birth Date _____

Home Address _____

City/State/Zip _____ Phone _____

Massage School _____

[School must meet the requirements of Chapter 98-A, 1(g) (see back)]

School Address _____

City/State/Zip _____ Phone _____

REQUIRED ATTACHMENTS:

Copy of Driver's License or Government-Issued Photo ID

Copy of the Certificate of Completion from Massage School Listed Above

I hereby certify that the foregoing information is complete and true.

Applicant's Signature

Fee pursuant to Chapter 60 of the City of Troy Code of Ordinances: \$10.00

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Chapter 98-A, 1(g) "Massage School" means a school which is licensed by the State of Michigan Board of Education as required by P.A. 148 of 1943 (MCLA 395.101, et. seq.) with a class hour requirement of at least 500 hours and which requires for admission students with a tenth grade education, which has minimum requirements of a continuous course of study and training consisting of studies in physiology, anatomy, massage theory, hydrotherapy, hygiene, ethics, and practical massage, and which employs as instructors one or more massage therapists meeting all of the following criteria:

- (1) Graduate of a state licensed school with a minimum of 500 hours of education.
- (2) A minimum of five years of experience as an instructor at a recognized school and/or massage therapist, and proof of such experience.
- (3) For the purpose of this Chapter, a correspondence school or a school outside the United States is not a recognized school or massage school