

Massage Therapist Apprentice Supervisor

MESSAGE APPRENTICE INFORMATION

Apprentice Name: _____
First Middle Last

Massage Apprentice License Number (if available): _____

Address: _____ City: _____ State: _____ Zip: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

Phone: (____) _____ – _____ Email: _____
Note: All Division notices and communication will be sent to this email.

Training Curriculum: _____

MESSAGE THERAPIST SUPERVISOR INFORMATION

Supervisor Name: _____
First Middle Last

Massage Therapist License Number: _____

Address: _____ City: _____ State: _____ Zip: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

Phone: (____) _____ – _____ Email: _____

Facility Name: _____ Reg. Number: _____

Address: _____ City: _____ State: _____ Zip: _____

AFFIDAVIT AND RELEASE

I understand I may not supervise more than four apprentices at one time.
I understand I must adhere to the approved curriculum.
I understand the apprentice license is valid for 24 months with no ability to renew.
I understand I must serve as the sole supervisor for the listed apprentice and I cannot allow another massage therapist to supervise the listed apprentice.
I understand I must follow all requirements under [Utah Admin. Code § R156-47b-302c](#).
I understand that I am responsible for the activities and services performed by the apprentice.

I certify that I am licensed in good standing and have engaged in the lawful practice of massage therapy for not less than 3,000 hours. I certify that I will supervise the above-named apprentice in a program that meets the requirements of [Utah Admin. Code § R156-47b-302c \(4\)](#).

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Supervisor: _____ Date: _____

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>.

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____