

**Acceptance and Processing of Applications  
for  
Massage Therapist (new, renewal, trainee)**

Section B22-2. Permit required.

- (a) No person, partnership, corporation or other entity shall have an ownership interest in or operate a massage establishment without first obtaining an establishment permit from the Sheriff.
- (b) No person shall serve as a massage therapist without first obtaining a therapist permit from the Sheriff.
- (c) No person shall serve as a massage therapist trainee without first obtaining a trainee permit from the Sheriff.
- (d) No person shall employ as a massage therapist or a massage therapist trainee in a massage establishment any person who does not possess a current therapist permit or trainee permit.

Effective February 7, 2001, the authority for issuance of massage establishments and therapist permits in the unincorporated area of Santa Clara County will be the responsibility of the Office of the Sheriff. The application for a Massage Certificate of Registration and Permit and / or an Establishment permit is to be submitted to the Office of the Sheriff located at 55 W. Younger Ave., San Jose, California 95110.

Blank application forms will be available at the Sheriff's Operations window located on the first floor. It is the responsibility of the applicant to contact Sheriff's Records personnel for the Livescan fingerprinting process (background check) at (408) 808-4760 to reserve a date and time to have the Livescan process completed. The completed application and non-refundable fee must be delivered to the Sheriff's Office Livescan Records Unit at the time the Livescan. It is recommended that the required documents (copies included) be brought at the time the Livescan is completed to facilitate the application process. Any documents delivered after the livescan appointment can be delivered to the Sheriff's Department operations window located on the first floor. The documents must be placed in an envelope marked "ATTENTION CIVU, DEP. OBERST"

The background investigation will begin once CIVU has obtained the completed application from Livescan.

The written examination will be scheduled according to the number of applicants received on a monthly basis. The written examination should take no more than 1½ hours to complete the test. A minimal score of 75% is required to pass. If an applicant requires an interpreter the applicant must provide proof of interpreter's certification (Co.Ord.B22-4 (b)) at the time of examination. The written examination will be conducted at the Office of the Sheriff located at 55 W. Younger Ave., San Jose, California. The applicant will be notified either by telephone or mail as to the exact time, date and location at the Sheriff's Office of the written examination.

Upon completion of the written examination and scoring, the applicant will be advised by telephone, mail or in person whether they passed the examination.

If the applicant does not obtain the required 75% score the applicant shall be permitted to retake the examination once after at least thirty (30) days but no more than sixty (60) days have elapsed from the date the first examination, subject to applicable fees and requirements. If the applicant fails the examination a second time, the application for an establishment permit or a therapist permit shall be denied. The applicant shall be ineligible to apply for an establishment permit or a therapist permit for a period of one year from the date of the second examination.

If the applicant successfully completes the written exam the applicant will be instructed in writing to contact the doctor appointed by the Sheriff to administer the practical examination and arrange an examination appointment. The applicant will be responsible for the cost incurred to complete the practical examination.

Following the granting of a permit or renewal thereof, and the lapse of the fifteen (15)-calendar day appeal period set forth in Section B22-11, the Sheriff's Office shall issue a permit.

The permit will be mailed to the applicant's address listed on the application form received by the Sheriff's Office. It is vital that the address listed on the application is current. Any change of address during the application process must be forwarded to the Office of the Sheriff (Attention: CIVU) at 55 W. Younger Ave., San Jose, CA 95110 or by contacting the Criminal Intelligence Vice Unit, Detective William Oberst at (408) 808-4759.

### **TRAINEE PERMIT INFORMATION**

“Trainee permit” means a permit issued by the Sheriff authorizing an individual, who is in the process of completing the educational requirements leading to the practice of massage therapy, to practice massage therapy under the supervision of a licensed massage therapist. Trainee permits are valid for a limited period of time not to exceed twelve (12) months. After the twelve (12) month period all education requirements, written and practical tests must be completed prior to the issuance of a massage permit.

Section B22-14. Massage therapist trainee permit.

Written application for the trainee permit required by this division shall be made in accordance with Section B22-6, and the application will contain the same information specified in that Section, except that in lieu of the requirement set forth in Section B22-6 (f), the applicant shall present written proof that he/she is currently enrolled in a recognized school of massage, the date of initial enrollment in such school, the scheduled date of graduation, and that the applicant has completed thirty-five (35) hours of instruction.

## LIST OF REQUIRED MATERIAL

All Massagist Certificates of Registration must include the following:

1. Application Form – General Information
2. Livescan Information Form/Background Form
3. Fees in the amount determined by the Board of Supervisors (see schedule below)
4. Copy of a valid California Driver’s License, California I.D., or U.S. Passport
5. Copy of Certificate from State certified recognized school of massage indicating at least 300 hours of training, or  
Copy of Certificate from State certified recognized school of massage indicating 200 hours of training and 100 hours of documented supervised experience, or  
Proof of certification by the National Certification Board for Therapeutic Massage and Bodywork.
6. Authorization to Release Information (notarization not required)

<b>FEE SCHEDULE (NON-REFUNDABLE) DUE AT TIME OF APPLICATION</b>			
<b>PERMIT FEES</b>		<b>BACKGROUND FEES</b>	
New Establishment Fee	\$1200.00	Livescan Fingerprint Fee	\$20.00
Renewed Establishment Fee	\$980.00	Law Enforcement Specialist Fee (Records)	\$77.00
New Individual Massage Therapists/Trainees	\$495.00	DOJ Processing Fee	\$32.00
Renewed Individual Massage Therapists/Trainees	\$360.00	<b>TOTAL FEE:</b>	<b>\$129.00</b>

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***OFFICE USE ONLY***

APPLICANT: \_\_\_\_\_ APPLICATION RECEIVED: \_\_\_\_\_  
Date

TOTAL AMOUNT DUE: \_\_\_\_\_ TOTAL AMOUNT RECEIVED: \_\_\_\_\_  
Date

## Directions for making **Livescan** Fingerprinting appointments online

Log on to : **www.sccsheriff.org**

- Click on the Fingerprinting Appointments link.
- Choose “Make a Fingerprint Appointment Here”.
  - **Website is a secure site. All information requested with an \* is required.**
- Use the tab key (not the enter key) to move from box to box.
- Some boxes have help information available. Point your mouse over the box for help information to appear.
- Obtain ORI #, Mail Code, and Billing # (if applicable) from your agency.
- When choosing a date & time, times with a red \* are taken. Only times with open circles are available.
- Print a copy of the appointment confirmation page & 3 copies of the applicant profile page and bring with you during your appointment.

OR Call (408) 808-4760 for phone appointment if no online access.

NO WALK-INS PLEASE

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# Massagist Administrative Permit

## Certificate of Registration Application

**Type of Application Requested:**

\_\_\_\_\_ New Individual Massage Therapist/Trainee

\_\_\_\_\_ Renewed Individual Massage Therapist

Page 1

**Applicant Information (please print):**

Name (Last, First, Middle, other):

Date of Birth:

Driver's License/ID #:

Social Security #:

Telephone #:

Address:

City:

State:

Zip:

Two most recent previous addresses and date of residency:

Address:

City:

State:

Zip:

From:

To:

Address:

City:

State:

Zip:

From:

To:

List Employment History for the preceding five (5) years from date of application:

(continue on blank page if needed)

Have you ever been arrested or issued a citation for a criminal offense, other than a traffic offense?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

If yes, state reason and give location: (continue on a blank page if needed)

Have you ever worked as a Massage Therapist, or other title where the function of your job was to

perform any type of massage? \_\_\_\_\_ YES

\_\_\_\_\_ NO



# Massagist Administrative Permit

Certificate of Registration Application

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## Massage Establishment Certification

**I am the Business Owner/Operator for the Establishment listed in Section 9 above and certify that I will be employing this applicant for the position of Massagist or Massagist Trainee at my establishment.**

Printed Name of Owner/Operator:

Signature:

Date:

Telephone Number:

Fax Number:

E-Mail Address:

## Authorization To Release Information

To Whom It May Concern:

I am an applicant for Massage Therapist, Massage Therapist Trainee or Massage Establishment (circle one) in the unincorporated area of Santa Clara County, a California County. This position requires a background investigation by the Office of the Sheriff into all areas of my background, which may effect my suitability for this permit.

I hereby authorize you, your organization, and/or persons in your employ to release any and all information, which you may have about me, including information that may be of a confidential, privileged and/or derogatory nature as stated in Section B22 of the Santa Clara County Ordinance Code. I release and hold harmless you, your organization, its officers, agents or assigns from any liability or damages, whether in law or equity, for furnishing information requested by the bearer of this authorization form.

I reserve the right to refute or dispute any information that results in a denial of this license. You may retain this form for your files.

This authorization to release information about me is valid for one (1) year from the date of my signature of this form. A photocopy of this release is to be considered as a valid as the original.

NOTE: Notarization not required.

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Applicant's Signature

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Applicant's Printed Name

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Social Security Number

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Driver's License No.

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Date

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Notary Seal (if used)

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Notary Signature (if used)