



# NORTH CAROLINA BOARD of MASSAGE AND BODYWORK THERAPY

[www.bmbt.org](http://www.bmbt.org)

Mailing Address: PO Box 2539, Raleigh, NC 27602 Phone: 919.546.0050  
Location Address: 150 Fayetteville Street, Suite 1910, Raleigh, NC 27601

## NEW SCHOOL APPLICATION REQUEST FORM

*(Form used for requesting an application to open a new massage and bodywork therapy school in the State of North Carolina)*

### INSTRUCTIONS:

Print out this form and mail with the **\$20.00 new school application fee**. The fee shall be in the form of a **money order, cashiers check or certified (bank) check only**. No personal checks, cash, credit cards or company checks will be accepted. New school application packets will be mailed out within ten (10) business days of receipt of your request form.

### Mail completed form with \$20 fee to:

**NC Board of Massage and Bodywork Therapy  
PO Box 2539  
Raleigh, NC 27602**

Name of School *(if known)*: \_\_\_\_\_

Name of Owner/Director: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Contact Person *(if different from above)*: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address of School *(if different from mailing address)*: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Projected Date of School Opening: \_\_\_\_\_

Website of School *(if any)*: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Contact Phone *(if any)*: \_\_\_\_\_

Email Address for school: \_\_\_\_\_

Email of School Contact Person *(if different from school)*: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*