



CERTIFIED MESSAGE THERAPIST/PRACTITIONER REGISTRATION FORM



AUTHORITY

Division B22 of Title B of the County of Santa Clara ("County") Ordinance Code regulates the operation of massage therapists and massage practitioners in the unincorporated areas of the County.¹ Pursuant to Section B22-4(c), massage may only be provided for compensation by massage therapists and massage practitioners who hold current and valid certifications from the California Massage Therapy Council ("CAMTC").

REQUIREMENTS

All certified massage therapists and certified massage practitioners working in the unincorporated areas of the County must submit this form, with a copy of their CAMTC certification, within 90 days of the start of their employment or contract with a massage establishment, or within 90 days of the renewal of their CAMTC license. Renewal forms may be mailed to Office of the Sheriff, Attn: Vice Intelligence Detective, 55 W. Younger Avenue, San Jose CA 95110. (See Ord. Code, § B22-15.) There is no fee for massage therapists and practitioners to register with the Office of the Sheriff.

New registrants must submit this form, along with a copy of their CAMTC certification, in-person at the Office of the Sheriff, 55 W. Younger Avenue, San Jose, CA 95110 on Wednesdays, by appointment, made at least ten (10) days in advance. To schedule an appointment, contact the Vice Intelligence Detective at 408-808-4773.

Reason for Registration Form: ___ New Registration for Certified Massage Therapist/Practitioner ___ Renewal of Existing Registration ___ Notification of Change in Place of Employment

Certified Massage Therapist/Practitioner Information
Name of Certified Massage Therapist/Practitioner (last name, first name, middle): _____
California Massage Therapy Council Certification #: _____
List All Massage Establishment(s) Where You Currently Work & Dates of Employment (attach additional pages if needed):
Name: _____ Dates: __/__/__ to present
Address: _____
Name: _____ Dates: __/__/__ to present
Address: _____
Name and Address of Massage School(s) Attended: _____

By submitting this Certified Massage Therapist/Practitioner Registration, I declare, under penalty of perjury, that: <ul style="list-style-type: none"> • The information in this Registration is true, correct, and complete. • I have read and understand Division B22 of Title B of the County of Santa Clara's Ordinance Code, which regulates the operation of massage establishments, massage therapists, and massage practitioners.
Certified Massage Practitioner/Therapist's Signature: _____ Date: _____

For Office Use Only. Registration Received: ____ / ____ / ____ Complete: ____
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¹ Title B, Division B22 of the County Ordinance Code is available at https://www.municode.com/library/ca/santa_clara_county/codes/code_of_ordinances.