

Preferred Practitioner Application

Thank you for your interest in applying to become a Preferred Practitioner (PP) with S4OM.

The links below provide more information about:

- Benefits of becoming a Preferred Practitioner (PP)
- Requirements for applying to become a Preferred Practitioner (PP)

If you have questions, please contact us at memberservices@s4om.org

The applicant agrees to:

- Complete all sections of this application
- Attach copies of all requested documents
- Review [Standards of Practice for Preferred Practitioners](#)
- Communicate in a timely manner with S4OM

Section 1: Contact Information

Applicant Name:

Business

Business Name:

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Phone:

Email:

Website:

If you prefer that your primary communication is to a home address, fill in the contact details below:

Home

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Phone:

Email:

Section 2: Document Verification

Please attach copies of the following documentation

2.1 Massage Therapy Credentials

Check appropriate box and attach corresponding documentation

State regulates massage therapy

Attach a copy of current massage therapy license, registration, certificate or equivalent.

State does **not** regulate massage therapy

Name of State/Province:

Outside the USA

Attach relevant documentation of training and professional practice. This can be a copy of diploma, and/or professional massage therapist organization membership.

2.2 Professional Liability Insurance

Attach a copy of your current certificate of insurance (COI)

2.3 Entry-Level Massage Training

Check the appropriate box and attach corresponding documentation

Massage therapy training program of 500 hours or more

Attach a copy of your graduation certificate. If this certificate does not show the number of hours completed, please attach a letter from the school or a transcript that states the number of hours completed.

OR

Massage therapy training program of less than 500 hours. You must complete two steps, below:

1. Attach a copy of your graduation certificate. If this certificate does not show the number of hours completed, please attach a letter from the school or a transcript that states the number of hours completed.
2. Attach copies of certificates of completion from NCBTMB approved continuing education courses that bring your training up to 500 hours total.

Example: 300 hours of General Massage Training + 200 hours of NCBTMB approved continuing education = 500 hours

OR

Equivalent general massage training through specific education, work history and life experience

Attach an explanation of no more than 750 words. Please note that such requests are considered on an individual basis.

2.4 Oncology Massage Training – 24-hour minimum

- Foundational Course with a S4OM Recognized Education Provider Organization (REP Org)

Attach a copy of your certificate of completion/achievement/graduation.

Section 3: Processing of Application

You will receive an email confirming receipt of your application. If more information is needed the member services coordinator will contact you. If approved, you will receive instructions about making your annual payment of \$75.

Once your payment has been processed you will receive a welcome email with further information regarding your PP status and how to access your PP benefits and resources.

Section 4: Preferred Practitioner Code of Conduct Agreement

As an applicant for Preferred Practitioner, I attest that:

- I have provided professional massage therapy for at least one year (must be hands-on experience)
- I understand that the S4OM will use the contact information I provide to communicate with me, and as such it is my responsibility to maintain a current S4OM profile
- I have read and I agree to [Standards of Practice for Preferred Practitioners](#)
- All information provided on this application is accurate and complete

Applicant Name:

Date:

(mm/dd/yyyy)

SAVE

CLEAR