



TEXAS DEPARTMENT OF LICENSING & REGULATION

Anti-Human Trafficking Division • PO Box 12157 • Austin, Texas 78711 • (512) 539-5602

www.tdlr.texas.gov

The Texas Department of Licensing and Regulation (TDLR) has issued an order closing the school you attended. The closure was based on findings that the school engaged in serious violations of laws and rules, including but not limited to fraud, falsification of records, or conduct that compromised the integrity of the licensure examination process.

As a result of this closure, **education hours reported by the school will not be credited toward licensure unless you provide independent, verifiable evidence that you personally completed the training as required by law.** This requirement applies to all students of the school, past and present.

TDLR must verify your hours with this verification of education (VOEH) questionnaire; therefore, you must complete this form and provide details and documentation.

Our review may take several weeks to complete. Questions regarding this form may be addressed to the TDLR's Education & Examination Division or Anti-Human Trafficking Division at student.response@tdlr.texas.gov.

INSTRUCTIONS

- 1. STUDENT NAME** – Write your full legal name in the spaces provided and as it appears on your massage student permit application or license. (Last, First, Middle Name)
- 2. LICENSE INFORMATION** – Write your student permit or license number, if applicable.
- 3. DATE OF BIRTH** – Provide your birthdate.
- 4. SOCIAL SECURITY NUMBER (SSN)** – Social Security number disclosure is required to obtain a license. If you do not have a social security number, please specify this, as there are additional steps required.
- 5. RESIDENTIAL ADDRESS** – Provide your current residential address. This is the address where you reside. Provide this address, even if it is different than your preferred mailing address.
- 6. PERSONAL MAILING ADDRESS** – Provide your personal mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip+4 to help the postal service deliver mail more efficiently and accurately. This address should not be an address provided by the school.
- 7. PHONE NUMBER** – Provide a telephone number, including the area code, where we can reach you during the day.
- 8. PERSONAL EMAIL ADDRESS** – Provide your personal email address. TDLR will only use your email address for the purpose of communicating with you. This email address must be your own and not belong to another person, nor may it be an email address created by the school.
- 9. NAME AND ADDRESS OF SCHOOL ATTENDED** – Full name and physical address of the massage school attended.



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10. **DATES ATTENDED SCHOOL** – List all the dates you attended online classroom hours and all the dates you were physically present at the school for in-person classroom instruction.
11. **DATES OF INTERSHIP HOURS** – List all the dates you were physically present at the school and completed internship hours.
12. **NAME OF THE INSTRUCTOR(S) DURING ONLINE AND IN-PERSON CLASSROOM HOURS** – Provide the full name of any and all instructors you had teaching during your online and in-person classroom hours at the school.
13. **GIVE A DETAILED DESCRIPTION OF THE SUBJECTS TAUGHT TO YOU DURING ONLINE AND IN-PERSON CLASSROOM HOURS AND WHAT ASSIGNMENTS YOU HAD** – Be very detailed on what you learned and how you learned it, via textbook, worksheets, etc.
14. **IF YOU DID NOT LIVE IN THE SAME CITY AS THE SCHOOL LOCATION, PROVIDE DETAILS OF YOUR LIVING ARRANGEMENTS WHILE ATTENDING THE SCHOOL AND PROOF OF SUCH** – Provide the location of where you lived while attending the school. Provide proof of your living arrangements and describe how you got to the school location. Such information includes, but is not limited to, lease or rental agreements, airline receipts, bus tickets, car rental invoices, hotel invoices, witness name and phone number to verify your stay, receipt of luggage tags from the airport, boarding pass from the airport, and/or food or purchase receipts from any local business.
15. **WHO SET UP THE LIVING ARRANGEMENTS WHILE ATTENDING THE SCHOOL** – Provide full name and phone number of anyone who assisted you in coming to the school location during your attendance, if any.
16. **WHAT ARE YOUR FUTURE PLANS REGARDING RESUMING A MASSAGE SCHOOL EDUCATION AND OBTAINING A MASSAGE THERAPIST LICENSE** – Provide details on your plans to continuing your massage schooling, and what you plan to do once you receive your massage therapist license.
17. **ARE YOU LICENSED AS A MASSAGE THERAPIST IN ANOTHER STATE** – Provide details about the state(s) and massage therapy license(s) you have outside of Texas.
18. **DATE AND SIGNATURE OF STUDENT** – Carefully read the statement before signing and dating this verification of education hours-school closure questionnaire.

SEND YOUR COMPLETED QUESTIONNAIRE AND REQUIRED DOCUMENTS TO:

By email: Student.Response@tdlr.texas.gov

Documents submitted with your questionnaire will not be returned. Keep a copy of your complete questionnaire and all attachments.



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QUESTIONNAIRE

Please complete all sections. Print or type clearly. Attach additional sheets where indicated.

1. Student Name

- Last Name: _____
- First Name: _____
- Middle Name: _____

2. License Information

- Massage Student Permit or Massage Therapist License number: _____

3. Date of Birth (DOB)

- Month: _____ Date: _____ Year: _____

4. Social Security Number (SSN)

- SSN: _____ - _____ - _____

5. Residential Address

- Street Address: _____
- City: _____ State: _____ ZIP Code: _____

6. Mailing Address

- Street Address: _____
- City: _____ State: _____ ZIP Code: _____

7. Phone Number

- Area Code: (____) Phone Number: _____ - _____
- Alternate Phone (optional): (____) _____ - _____



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8. Email Address

- Email: _____

9. Name and Address of School Attended

- School Name: _____
- Street Address: _____
- City: _____ State: _____ ZIP Code: _____

10. Dates Attended School

Online Instruction:

- From (MM/DD/YYYY): _____ to (MM/DD/YYYY): _____

In-Person Classroom Hours (completed while on campus at school):

- From (MM/DD/YYYY): _____ to (MM/DD/YYYY): _____

11. Dates Internship Hours Were Performed

- From (MM/DD/YYYY): _____ to (MM/DD/YYYY): _____

12. Instructor Information

- Name(s) of Instructor(s) (Online): _____
- Name(s) of Instructor(s) (In-Person): _____

13. Narrative: Subjects Taught and Assignments

Provide a detailed description of the subjects taught during online and in-person classroom hours and the assignments completed. Attach additional sheets if necessary.



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14. Living Arrangements (If Not Residing in the Same City as the School)

Describe your living arrangements during the period of online and in-person classroom hours. Proof of arrangements is required (see instructions for accepted documents).

15. Living Arrangement Setup Contact

- Name: _____
- Area Code: (____) Phone Number: _____ – _____

16. Future Plans

Describe your future plans regarding returning to a new school or obtaining a massage therapist license.

17. Licensed in Other State(s):

List all other state(s) and license(s) for massage therapy that you have.

18. Date and Affirmation

By submitting this form, I affirm that I am the applicant completing this form and understand that failure to provide full and accurate information may delay or deny the issuance or release of hours.

- Printed Name or Signature: _____
- Date (MM/DD/YYYY): _____