

Combo package for Massage Therapists

Prevention of Medical Errors HIV/AIDS update Law – Qualifications for Licensure Ethics for Massage Therapists

Instruction method

Students study at home, at their own pace, using the provided resources and the computer.

Evaluation

The student will fill the answer sheet and return it to Eyes Wide Open or take the test online at www.ceusonlineflorida.com.

A score above 80% is needed to pass the course.

It should take no more than three hours to complete the course.

NOTE: The AIDS class is no longer a requirement for renewal for massage therapists.

PREVENTION OF MEDICAL ERRORS CLASS

CEUS: 2 Course No. 20-95470 Instructor: Silvia Casabianca

Description

Prevention of Medical Errors is a 2-CEUs class approved by the Florida Board of Massage Therapy, Florida Council of Dietetics and Nutrition, Florida Office of School Psychology and the Florida Electrolysis Council.

The instructional material includes the rationale for teaching this class, definitions of the terms involved, classes of errors that a health care professional can commit in their practice, a list of factors that can lead to practice errors and some recommendations to avoid them.

The Medical Errors class requirement is the result of governmental agencies wanting to reduce the incidence of medical errors. The professionals for whom these classes are targeted are not so often involved in the medical system but they are anyhow health care providers, and their errors could adversely affect their clients. The class is not focused on what may happen in hospitals or to doctors and nurses. It focuses on what the professionals that are taking the class need to know about the errors they may commit in their practices.

The main OBJECTIVE of this class is:

- * To identify ways in which health care professionals can contribute to patient/client safety

Selected references:

- * Kohn, L., Corrigan JM. & Donaldson M.S. eds. (1999) *To Err Is Human: Building A Safer Health System*. IOM, Washington, National Academy Press
- * Fritz, S. (2000) *Fundamentals of Therapeutic Massage*, Mosby.
- * <http://www.Quic.gov/report.htm> (Quality interagency Coordination Force report to President Clinton)
- * *Medical Errors: The scope of the Problem. Fact Sheet*, Publication No. AHRQ 00-PO37. Agency for healthcare Research and Quality, Rockville, MD.
<http://www.ahrq.gov/qual/errback.htm>
- * *How safe is our Healthcare System? Understanding Medical error*. Transcript of an audio conference. <http://ahrq.gov/news/ulp/trulp518.htm>

SECTION I

Please read carefully the following background and definitions

1. Background

The 90s was a decade that recognized and studied the issue of medical errors as one of the major challenges the nation faced in improving health care quality.

In 1999 the Institute of Medicine (IOM) released “To err is human: Building a safer health system” a comprehensive report stating that medical errors were one of the nation's leading causes of death and injury (8th leading cause of death). They calculated that between 44,000 and 98,000 people die each year because of adverse effects due to medical errors, which led to the conclusion that the rate of health care errors is one of the highest compared to other industries. Preventable errors cost the health care system about \$8.8 billions per year. (The IOM is an independent body that is part of the National Academy of Sciences.)

IOM concluded that prevention of medical errors had failed because oversight bodies were focused on individual performance and this fragmented view undermined the function of the HC system. Thus, they recommended taking a systems approach.

The release of the IOM report led to presidential directives that established a quality forum and directed agencies throughout the government to develop meaningful HC quality and patient safety initiatives.

The report also contributed to increase public awareness on the issue of medical errors.

Since then, government agencies, purchasers of group health care and health care providers have joined efforts to make the United States health care system a safer one.

Among these efforts, many states, including Florida, introduced bills related to medical errors, several of which have already become laws.

Some private businesses (such as the Leapfrog group) have pledged that patient safety will be one of their top priorities).

The IOM 4 point tiered strategic approach

In their book, the IOM recommends a tiered strategic approach to avoid errors and prevent adverse events:

1. The creation of a national oversight group.
2. National standardized policies for mandatory and voluntary reporting with the aim of making sure that the system is safe for patients.
3. Organizational level of commitment to patient safety – oversight organizations, group purchasers, and professional groups.
4. Health care deliverers’ commitment to patient safety – creating a culture of safety inside HC organizations.

IOM further recommended that states improved their reporting systems and buy HC services from those who are taking steps to improve patient safety. They also recommended that HC establishments used computerizes monitoring systems, order entry and bar coding to standardize product, diagnostic and procedure descriptions so that everybody talks the same language.

In 2001, the National Academy for State Health Policy (NASHP) stated the need for a unified state approach regarding patient safety. They also advocated for educational programs for health

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professions students and public universities and for licensed practitioners through continued education credits for licensure and accreditation.

Florida Actions

In 2000, the Florida statues, chapter 256 Section 33, established the Commission On Excellence In Health Care. Its mission and duty included:

- ☉ To explore how data is collected and used at HC facilities
- ☉ Set standards to identify unsafe providers and practitioners and remove them from operation and practice
- ☉ Recommend curriculum elements to address the issue of patient safety
- ☉ Set guidelines to educate practitioners, providers and consumers regarding patient safety.

The statutes now include the following the following item:

Florida Statute 456.013(7)

The boards, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The 2-hour course shall count towards the total number of continuing education hours required for the profession. The course shall be approved by the board or department, as appropriate, and shall include a study of root-cause analysis, error reduction and prevention, and patient safety.

In 2004, a bill on patient safety passed in the Florida House of Representatives providing that “*information contained in patient safety data or other records maintained by Fla. Patient Safety Corporation & its subsidiaries, advisory committees, or contractors which identifies patient which identifies person or entity reporting patient safety data, or which identifies health care practitioner or health care facility is confidential & exempt from disclosure under public-records requirements, etc.*” It created item No. 381.0273 in the Florida Statutes.

2. Definitions (based on the IOM report)

a. What is a medical error?

A medical error is a failure of a planned sequence of mental or physical activities to achieve its intended outcome when these failures cannot be attributed to chance.

There are two kinds of errors:

Failure of a planned action to be completed as intended (error of execution) or

The use of a wrong plan to achieve an aim (error of planning)

b. What is an adverse event?

An adverse event is an injury or death resulting from health care management, not the underlying condition of the patient. It is important to note that not all adverse events happening to patients are the consequence of medical errors.

c. What is patient safety?

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Patient safety is defined as freedom from accidental injury and comprises preventing errors, reporting errors and attenuating the effects of errors.

d. What is malpractice?

Malpractice is an act or failure to act by a member of the medical profession that results in harm, injury, distress, prolonged physical or mental suffering, or death to a patient while that patient is under the care of that medical professional.

e. What is a system?

A system is a set of interdependent elements interacting to achieve a common aim. The elements may be both human and non-human (equipment, technologies, etc)

f. What is root cause analysis?

Root case analysis is a set of processes by which the underlying causes of adverse outcomes may be identified, with the goal in mind of preventing the reoccurrence of such events.

g. Systems approach

Usually, medical errors and adverse events are treated as isolated incidents or go underreported because of liability concerns. Also, because they usually affect only a patient at a time, it's difficult to identify what failures in the system may have contributed to the occurrence of the error.

We are part of the health care system from the personal to the global level. From our individual practices to the local and state legal structure to the national and global evolution of health care. Whatever affects any part of a system will affect the system as a whole.

The design of a system affects the outcome of the system and defines the functioning of its parts.

NOTE: After you finish to read this section, please answer the following questions in the answer sheet:

1. Give a case example of an adverse event caused by an error that could happen in your practice as a health care provider. You can use an imaginary case or a real case. (Don't use more than 50 words)
2. Using a systems approach, list all the people and institutions that were somehow involved in the error. Remember not to focus on individual performance. (Provide a list of no more than ten)

Where do the medical errors occur?

The IOM report referred specially to medical errors happening in medical settings, but errors happen also in emergency centers, pharmacies and care delivered in the home. It's very difficult to track how many errors happen outside a hospital. But, for example, a few years ago, the Massachusetts State Board of Registration in Pharmacy estimated that 2.4 million prescriptions are filled improperly each year in the Florida.

Section II

Please read this section carefully

1. Practice errors

There are two classes of errors that a health care professional can commit in their practice

- a. Planning
 - i. Thought: Judgment or assessment or treatment planning
 - ii. Equipment: Failure due to poor quality or maintenance
- b. Execution
 - i. Knowledge
 - ii. Skills
 - iii. Inappropriate or unskilled usage.

2. What leads to practice errors

From the individual point of view, the following are some of the aspects that can lead to practice errors:

- a. Going out of scope of practice
- b. Disregarding or misinterpreting medical recommendations
- c. Health care professional failing to provide information to the client
- d. Selecting inappropriate techniques
- e. Improper use of equipment
- f. Overlooking patient's signals (body language, body signs)
- g. Failure to determine contraindications.

From the systems point of view errors need to be considered within the context in which they occur.

The IOM reported that most of the medical errors were not produced because of lack of training or out of negligence. Rather, errors had occurred due to organizational factors and failures in the systems' design. For example, most doctors and nurses in hospitals work 24 hours shifts. The system has disregarded the negative effects of fatigue on performance. The IOM recommended also that systems stopped relying on memory to deliver medication, for example, and that information technology be implemented. Health care professionals depend on many systems: the educational system in which they were trained, the health system that regulates their practice, the institution that hired them, etc. When the practitioner makes a mistake, it should be analyzed as a system's failure to prevent further errors.

3. Learning from experience

The IOM recommended that the health system learned from the experience of non-health industries like the aviation industry, which has notably reduced fatalities due to error. Among their recommendations were:

- a. To set high standards regarding error rates.
- b. To develop a monitoring system to track errors

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- c. To improve the reporting of errors
- d. To investigate errors and adverse events, using root cause analysis
- e. Creating a culture of safety
- f. Using multidisciplinary approaches.

4. The importance of keeping records

It is very important that health care professionals keep records of their clients. These records should contain any pertinent facts, observations and treatments applied. They should also include notes about medical recommendations, individual history and treatment outcomes.

These records will facilitate that other health care providers evaluate and plan treatments. You need to record information that is pertinent to the treatment that you will provide and according to your own profession.

A chronological report helps you evaluate progress and is an important element when determining the quality of care. Data might also be used for research and educational purposes.

Remember: A report should include the information that the patient provided, the observations that you made, your treatment plan, the outcome of the treatment, and the evolution of the client. It should also include any known risk factors.

Section III

Checklist

Read carefully. This section will help you reflect on how you're already taking action to prevent practice errors.

1. What do you do to update your skills and knowledge?
2. How do you empower the client, so that the client knows the options, the risks, and the consequences of treatment?
3. How do you gather information about your client?
4. What kind of records do you keep and how do you use them?
5. Do you know your anatomy and physiology?
6. Are you really, truly, present when you are with a client?
7. How do you communicate with your client?
8. How good are you at reading the patient's body language?
9. Do you recognize and stay within your scope of practice?
10. Do you share experiences with colleagues?
11. Are you aware of your limitations?
12. Are you ready to anticipate the unexpected?
13. How are your CPR skills?

NOTE: This checklist will help you in evaluating yourself. Self-knowledge and professional update are the best things that you can do to prevent errors.

Go back to our website (ceusonlineflorida.com) and click on tests at the top of the page to answer the Medical Errors class. Make sure that you are answering the test for massage therapists. If you pass with a score higher than 80%, you will be receiving by email your certificate of achievement within 2 business days after you answer the test.

Don't forget to fill in the evaluation form.

Mail to:

**CeusOnlineflorida
Eyes Wide Open
9200 Bonita Beach RD Suite 202
Bonita Springs, FL 34135**

EVALUATION SHEET

Medical Errors _____

DATE:

Please evaluate the class:

Rate the using numbers from 1 to 5, where 1 is poor and 5 is excellent

The material is clear and easy to read	1	2	3	4	5
The material is relevant to my practice	1	2	3	4	5
The material is well organized	1	2	3	4	5
The website is easy to navigate	1	2	3	4	5

What do you think could be don't to improve this class?

Any other observations about the class are welcome:

HIV/AIDS CLASS

2 CEUs Class No. 20-95494

This class is no longer a requirement for license renewal, but still gives you credits.

Instructor: Silvia Casabianca

Description

This class aims to update the health care professional on HIV/AIDS. Because most of the practitioners have already taken an AIDS class as part of their training, this class aims to refresh the basics and present new data, but also to be thought provoking, by introducing other hypotheses about the cause of AIDS. Scientific knowledge is always based on hypotheses and theories, which change in time as research presents us with new evidence. Different perspectives about AIDS and its causes are presented in these pages and students are invited to explore them and then present their own conclusions.

“The important thing is to not stop questioning.” Albert Einstein. After you read this material, you will take a brief essay test where answers will be the result of your own analysis of the ideas presented. It is expected that you do some research on Internet to complement the discussion. If you prefer, you can instead take the test online (www.ceusonlineflorida.com).

Objectives

The student will:

1. Review basic statistics and information about the etiology of AIDS
2. Understand that there are different hypotheses about the cause of AIDS, and the mechanism by which HIV might cause the disease.
3. Review the precautions that need to be taken to prevent the transmission of contagious diseases (universal precautions).
4. Review some of the ethical and legal issues regarding AIDS

Instruction method

Students study at home, at their own pace, using the provided resources and the computer.

Evaluation

The student will fill the answer sheet and return it to Eyes Wide Open or take the test online. A score above 80% is needed to pass the test.

It should take no more than three hours to complete the course.

References (More references provided at the end of the text)

√ The Heart of Training – A Manual of Approaches to teaching about HIV/AIDS – HRSA, 1999
Henderson Ron, Health Initiatives for Youth, San Francisco, CA

√ www.robertogiraldo.com

√ www.who.org

√ www.cdc.gov

Press release from UNAIDS and the World Health Organization

Global Aids Epidemic Continues To Grow

Geneva, 21 November 2006 – The global AIDS epidemic continues to grow and there is concerning evidence that some countries are seeing a resurgence in new HIV infection rates which were previously stable or declining. However, declines in infection rates are also being observed in some countries, as well as positive trends in young people's sexual behaviours. According to the latest figures published today in the UNAIDS/WHO *2006 AIDS Epidemic Update*, an estimated 39.5 million people are living with HIV. There were 4.3 million new infections in 2006 with 2.8 million (65%) of these occurring in sub-Saharan Africa and important increases in Eastern Europe and Central Asia, where there are some indications that infection rates have risen by more than 50% since 2004.

In 2006, 2.9 million people died of AIDS-related illnesses. New data suggest that where HIV prevention programmes have not been sustained and/or adapted as epidemics have changed— infection rates in some countries are staying the same or going back up. In North America and Western Europe, HIV prevention programmes have often not been sustained and the number of new infections has remained the same. Similarly in low- and middle-income countries, there are only a few examples of countries that have actually reduced new infections. And some countries that had showed earlier successes in reducing new infections, such as Uganda, have either slowed or are now experiencing increasing infection rates. “This is worrying—as we know increased HIV prevention programmes in these countries have shown progress in the past— Uganda being a prime example. This means that countries are not moving at the same speed as their epidemics,” said UNAIDS Executive Director Dr Peter Piot. “We need to greatly intensify life-saving prevention efforts while we expand HIV treatment programmes.”

HIV prevention works but needs to be focused and sustained

New data from the report show that increased HIV prevention programmes that are focused and adapted to reach those most at risk of HIV infection are making inroads. Positive trends in young people's sexual behaviours—increased use of condoms, delay of sexual debut, and fewer sexual partners—have taken place over the past decade in many countries with generalized epidemics. Declines in HIV prevalence among young people between 2000 and 2005 are evident in Botswana, Burundi, Côte d'Ivoire, Kenya, Malawi, Rwanda, Tanzania and Zimbabwe. In other countries, even limited resources are showing high returns when investments are focused on the needs of people most likely to be exposed to HIV. In China, there are some examples of focused programmes for sex workers that have seen marked increases in condom use and decreases in rates of sexually transmitted infections, and programmes with injecting drug users are also showing progress in some regions. And in Portugal, HIV diagnoses among drug injectors were almost one third (31%) lower in 2005, compared with 2001, following the implementation of special prevention programmes focused on HIV and drug use.

Addressing the challenges: Know your epidemic

In many countries, HIV prevention programmes are not reaching the people most at risk of infection, such as young people, women and girls, men who have sex with men, sex workers and their clients, injecting drug users, and ethnic and cultural minorities. The report outlines how the issue of women and girls within the AIDS epidemic needs continued and increased attention. In sub-Saharan Africa for example, women continue to be more likely than men to be infected with

HIV and in most countries in the region they are also more likely to be the ones caring for people infected with HIV. According to the report, there is increasing evidence of HIV outbreaks among men who have sex with men in Cambodia, China, India, Nepal, Pakistan, Thailand and Viet Nam as well as across Latin America but most national AIDS programmes fail to address the specific needs of these people. New data also show that HIV prevention programmes are failing to address the overlap between injecting drug use and sex work within the epidemics of Latin America, Eastern Europe and particularly Asia. “It is imperative that we continue to increase investment in both HIV prevention and treatment services to reduce unnecessary deaths and illness from this disease,” said WHO Acting Director-General, Dr Anders Nordström. “In sub-Saharan Africa, the worst affected region, life expectancy at birth is now just 47 years, which is 30 years less than most high income countries.” The *AIDS Epidemic Update* underlines how weak HIV surveillance in several regions including Latin America, the Caribbean, the Middle East, and North Africa often means that people at highest risk—men who have sex with men, sex workers, and injecting drug users—are not adequately reached through HIV prevention and treatment strategies because not enough is known about their particular situations and realities. The report also highlights that levels of knowledge of safe sex and HIV remain low in many countries, as well as perception of personal risk. Even in countries where the epidemic has a very high impact, such as Swaziland and South Africa, a large proportion of the population do not believe they are at risk of becoming infected. “Knowing your epidemic and understanding the drivers of the epidemic such as inequality between men and women and homophobia is absolutely fundamental to the long-term response to AIDS. Action must not only be increased dramatically, but must also be strategic, focused and sustainable to ensure that the money reaches those who need it most,” said Dr Piot.

The annual AIDS Epidemic Update reports on the latest developments in the global AIDS epidemic. With maps and regional estimates, the 2006 edition provides the most recent estimates on the epidemic’s scope and human toll and explores new trends in the epidemic’s evolution. The report is available at www.unaids.org

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organizations to the global AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Based in Geneva, the UNAIDS Secretariat works on the ground in more than 75 countries worldwide. As the directing and coordinating authority on international health work, the World Health Organization (WHO) takes the lead within the UN system in the global health sector response to HIV/AIDS. WHO provides technical, evidence-based support to Member States to help strengthen health systems to provide a comprehensive and sustainable response to HIV/AIDS including treatment, care, support and prevention services through the health sector.

Some statistics about AIDS in the United States

The Centers for Disease Control and Prevention (CDC) estimate that 850,000 to 950,000 U.S. residents are living with HIV infection, one-quarter of who are unaware of their infection. Approximately 40,000 new HIV infections occur each year in the United States, about 70 percent among men and 30 percent among women. Of these newly infected people, half are younger than 25 years of age.

Of new infections among men in the United States, CDC estimates that approximately 60 percent of men were infected through homosexual sex, 25 percent through injection drug use, and 15

percent through heterosexual sex. Of newly infected men, approximately 50 percent are black, 30 percent are white, 20 percent are Hispanic, and a small percentage is made of members of other racial/ethnic groups.

Of new infections among women in the United States, CDC estimates that approximately 75 percent of women were infected through heterosexual sex and 25 percent through injection drug use. Of newly infected women, approximately 64 percent are black, 18 percent are white, 18 percent are Hispanic, and a small percentage belongs to other racial/ethnic groups.

One out of 10 HIV positive male adolescents develops AIDS, while one out of 22 HIV positive female adolescents develop AIDS.

As of the end of 2002, an estimated 384,906 people in the United States were living with AIDS. As of December 31, 2002, an estimated 501,669 people with AIDS in the United States had died. The estimated annual number of AIDS-related deaths in the United States fell approximately 14 percent from 1998 to 2002, from 19,005 deaths in 1998 to 16,371 deaths in 2002.

Of the estimated 16,371 AIDS-related deaths in the United States in 2002, approximately 52 percent were among blacks, 28 percent among whites, 19 percent among Hispanics, and less than 1 percent among Asians/Pacific Islanders and American Indians/Alaska Natives.

AIDS statistics in the world

As of the end of 2003, an estimated 37.8 million people worldwide - 35.7 million adults and 2.1 million children younger than 15 years - were living with HIV/AIDS. Approximately two-thirds of these people (25.0 million) live in Sub-Saharan Africa; another 20 percent (7.4 million) live in Asia and the Pacific.

Worldwide, approximately 11 of every 1000 adults aged 15 to 40 are HIV-positive. In Sub-Saharan Africa, about 7.5 percent of all adults in this age group are HIV-infected.

Around 95 percent of new infections occur in developed countries.

More than 20 million people with HIV/AIDS have died since the first AIDS cases were identified in 1981.

Definitions

HIV: Human Immunodeficiency Virus **AIDS:** Acquired Immunodeficiency Syndrome

Seropositive: Refers to people who have tested positive for HIV lab tests.

Acquired Immunodeficiency Syndrome - 2 versions

There are two main hypotheses about the cause of AIDS. One is the official version, sustained by the Centers for Disease Control and the Department of Health and Human Services, which sustains that AIDS is caused by the human immunodeficiency virus (HIV) and that it is transmitted during intercourse or contact with infected blood. The alternative version sustains that the virus has never been isolated, that HIV is just another opportunistic infection, that coexists but does not cause AIDS, and that AIDS is mostly related to lifestyle. In 1991, the Group for the Scientific Reappraisal of the HIV/AIDS hypothesis, dissatisfied with the state of the evidence that the human immunodeficiency virus (HIV) did in fact cause AIDS, sent a letter to the media and different agencies, requesting the creation of an independent commission to investigate the following question: How frequently do AIDS-defining diseases (or low T-cell counts) occur in the absence of HIV? They stated there was a need for a definition of AIDS that was independent of HIV.

According to Rethinking AIDS and AIDS Reappraisal, AIDS is not an infectious disease but it is caused by the cumulative effect on the body of multiple stressors in the environment. Virologist Peter Duesberg and Nobel laureate Kary B. Mullis are among many scientists who believe that HIV is not the cause of AIDS. Their ideas have been censored in the United States but have been taken into account by other governments including the European Union and South Africa. The main reason to present the alternative hypothesis in this class is to encourage a healthy debate among health professionals and promote an understanding about science matters where sometimes there are not clear-cut truths. History has witnessed how in the past many illnesses thought caused by germs (scurvy and pellagra, for example) were eventually found to be the consequence of nutritional deficits.

Official version of AIDS

The Center for Disease Control (CDC) defines AIDS as a lethal disease with a long latency period, during which a patient manifests no symptoms. They consider AIDS to be a sexually transmitted disease that can also be transmitted through blood transfusions and sharing needles. It is considered that most HIV positive people will develop AIDS at some point in their lives. Statistics available establish that half the people identified as HIV positive develop AIDS symptoms within ten years of the positive test. Of these, 90 percent die within two years. It is considered that 85 percent of the sero-positive people will develop symptoms at some time. All of the educational and research programs developed or supported by the Department of Health are based on this hypothesis.

There is little support for other avenues. According to this theory, the body responds to an initial infection to HIV and the immune system destroys viral particles from the blood, but cannot eliminate viruses that have already infected the cells in the lymphatic system. Once the viruses are inside these organs, they propagate from cell to cell like a cancer, infiltrating the lymphatic organs (lymph nodes, spleen, thymus, tonsils, adenoids and appendix).

Many aspects of the mechanism by which HIV causes AIDS have not been explained. It's hypothesized that by killing or damaging cells of the body's immune system, HIV progressively destroys the body's ability to fight infections and certain cancers. Because the immune system of these people cannot work optimally, AIDS patients may get opportunistic infections, which are caused by germs such as viruses or bacteria that usually do not make healthy people sick. In AIDS patients, their immune system cannot respond to these infections, which might become life threatening. Common symptoms in AIDS patients are diarrhea, fever and weight loss. Many patients also suffer from malignancies such as lymphomas and Kaposi sarcoma or from nervous system conditions. The following are common infections found in people diagnosed with AIDS.

1. Bacteria and mycobacterium
 - i. Mycobacterium Avium
 - ii. Syphilis
 - iii. Tuberculosis
 - iv. Cat scratch disease (Bacillary angiomatosis)
 - v. Salmonellas

2. Fungus
 - i. Candida
 - ii. Cryptococcus
 - iii. Hystoplasma

- iv. Aspergillum
 - v. Coccidioidomycosis
3. Protozoa
- i. Toxoplasma
 - ii. Pneumocystis Carinii
 - iii. Mucosporidiosis
 - iv. Isosporum
 - v. Cryptosporum
4. Virus
- i. Hepatitis
 - ii. Herpes Simplex and Zoster
 - iii. Human Papilloma Virus
 - iv. Molluscum Contagiosum
 - v. Cytomegalovirus
 - vi. Oral Hairy Leukoplakia (Caused by Epstein Barr Virus)

Is HIV the cause of AIDS?

The following are some of the points of view sustained by those who believe that HIV causes AIDS:

- Only a few cases of infections by *Pneumocystis carinii* in people with depressed immune systems had been reported before the 80s but since the outset of AIDS, there have been more than a hundred thousand cases.
- AIDS and HIV infection are frequently linked in time, location, and population group.
- Sexual promiscuity, needle sharing and blood transfusions existed for many years before the outset of AIDS, so they could not be the only cause of AIDS.
- It seems that HIV predicts the development of AIDS.
- Idiopathic CD4-lymphocytopenia, a low count of these white blood cells, also present in AIDS, has been described among individuals without HIV but is rare.
- Almost everyone with AIDS tests positive for HIV. It is thought that those who test negative have an immune system so depressed that it is incapable of producing antibodies.
- Newborns can develop AIDS by transmission from an infected mother.
- Twins have been born where one was HIV+ and the other HIV-. Only the HIV+ twin developed AIDS.
- Studies of blood transfusion-acquired AIDS have repeatedly led to the discovery of HIV-infection in the patient as well as in the donor.

Facts that support an alternative version of AIDS

Most, but not all of those who develop AIDS are HIV positive. These patients are usually not counted as AIDS cases and are classified in a different category.

A general rule in virology is that antiviral immunity manifested by antibodies will prevent or heal diseases. HIV tests (Elisa, Western Blot) confirm the presence of antibodies in the blood. According to Rethinking AIDS' president Roberto Giraldo, "it makes no sense to say that in AIDS, HIV antibodies are announcing disease instead of announcing protection.

(www.robertogiraldo.com)

The HIV test is unspecific and many reasons for false-positive tests have been documented.

Actually, the HIV test is not specific for the HIV virus, Giraldo says.

Because a false positive is frequent, tests need to be confirmed several times with other tests. In the United States, the tests are repeated up to ten times before giving out a positive result. In African countries, usually it is sufficient to have one Elisa test positive to declare that the person is seropositiva and will eventually develop AIDS.

Even though some authors have defended the accuracy of lab tests, the pharmaceutical companies themselves have stated in the insert that accompanies their test kits, that they are not reliable. For example, in the insert of a frequently used test for PCR Viral Load it reads: “The Ampliform HIV-1 Monitor test is not intended to be used as a screening test for HIV or as a diagnostic test to confirm the presence of HIV infection” (Roche. 2003).

Rethinking AIDS has documented cases of individuals who are HIV positive who have never developed AIDS symptoms.

Not all of the sexual partners of HIV positive people are HIV positive, even when they have not practiced safe sex.

Duesberg and Giraldo are among many authors who have published fact-based documents disclosing how the history about the discovery of the HIV virus is tinted by suspicion. At the beginning of the 90s, John Crewdson, a journalist from The Chicago Tribune (considered one of the best in the nation) spent nearly three years inquiring from Dr. Robert Gallo and his co-workers at the National Institutes of Health if they had truly discovered the AIDS virus.

Crewdson concluded that Gallo and his team might have either deliberately misappropriated the virus from their competitors at the Pasteur Institute in France (Luc Montaigner) or coincidentally detected the virus after their laboratory dishes had been contaminated by samples of the AIDS virus supplied by their French colleagues. Recently, in a panel of experts in front of the European Union, Luc Montaigner stated that an HIV virus has not been isolated, but only RNA and DNA particles present in the blood of AIDS patients. Dr Montaigner now subscribes to the idea that HIV is not alone responsible for AIDS.

The first CDC's AIDS surveillance case definition took place in 1981 in response to a cluster of five patients that presented unexplained opportunistic infections and Kaposi's sarcoma. Michael Gottlieb, a researcher, was testing a new device that counted a special kind of white blood cells (CD4 T- cells). Three hospitals reported a total of five cases to him, and Gottlieb found so many common symptoms in these patients that he decided to report the findings, which appeared in the Morbidity and Mortality Weekly Report on June 5, 1981. All of these patients were active promiscuous homosexuals that used “poppers”, (amyl and/or butyl nitrite inhalers) presented pneumonia caused by Pneumocistis Carinii and other opportunistic infections.

Prevention

According to the official hypothesis, AIDS is transmitted through bodily fluids, specially blood and genital secretions. HIV cannot be transmitted through breathing, saliva, casual skin contact, hugging, a kiss on your cheek, mutual masturbation or through sharing utensils.

It is considered that if AIDS is not curable, it can be prevented and treated with antiretroviral medication and a healthy lifestyle. According to the World Health Organization (WHO), successful prevention programs are based on comprehensive approaches that support social and individual rights, and involve the community. These programs base their development on cultural values, and become efficient when combined with the systematic use of preservatives, and late start of sexual activity. They also recommend advising and voluntary HIV testing.

WHO promotes the use of preservatives worldwide. In the United States, many preventive programs aim at changing sexual behavior, promoting abstinence among youth, monogamous relationships and preservatives. WHO informs that every year 2, 2 million women who are HIV positive give birth. A third of the babies are HIV positive. Transmission from the mother to child does not seem to happen during pregnancy, but during labor or delivery. It is thought that it occurs via direct contact of the baby with maternal blood and genital secretions during passage through the birth canal, through ascending infection from the vagina or cervix to the fetal membranes and amniotic fluid, and through absorption in the fetal-neonatal digestive tract. Transmission via breastfeeding has also been reported and mothers are discouraged to use it. WHO recommends to HIV positive mothers to avoid unwanted pregnancies and in sero-positive pregnant women, they recommend starting treatment with antiviral medication, having the child through C-section and avoid breast-feeding. To those women who use needles, they recommend not to share them and obviously, to seek a rehabilitation program. In many countries, health services distribute syringes to decrease the risk of contagion. Transmission through blood and blood products has been considered a public health problem and WHO has developed programs to prevent contagion through transfusion. According to AIDS Reappraisal and Rethinking AIDS, life-style is causing AIDS. According to them, the syndrome continues to be prevalent in a population with high-risk behaviors and high levels of stress. In Africa, they say, one of the main factors to cause immunodeficiency is malnutrition.

Prevention among health care professionals.

In 1985, the CDC issued routine precautions that all personal-service workers (such as hairdressers, barbers, cosmetologists, and massage therapists) should follow, even though there is no evidence of transmission from a personal-service worker to a client or vice versa. Instruments that are intended to penetrate the skin (such as tattooing and acupuncture needles, ear-piercing devices) should be used once and disposed of or thoroughly cleaned and sterilized. Instruments not intended to penetrate the skin but which may become contaminated with blood (for example, razors) should be used for only one client and disposed of or thoroughly cleaned and disinfected after each use.

Personal-service workers can use the same cleaning procedures that are recommended for health care institutions.

CDC has reported no cases of HIV transmission through tattooing or body piercing. However, Hepatitis B virus has been transmitted during some of these practices. One case of HIV transmission from acupuncture has been documented. Body piercing may pose an HIV transmission risk if the abraded tissues are exposed to an infected person's blood or other infectious body fluid. Additionally, HIV could be transmitted if instruments contaminated with blood are not sterilized or disinfected between clients. The main precaution for health workers is to follow the universal precautions, which include to avoid contact with secretions and specially blood, using gloves if presenting any open wounds in the skin or if there is a need to manipulate an area of the patient's skin that may be affected by Kaposi. Other precautions include disinfecting surfaces and decontaminating all instruments used in the treatment of a client (Autoclave, chlorine, Formaldehyde Solutions and iodine products). Universal precautions replaced the need for quarantine and isolation of infected patients. These precautions refer to *the manipulation of blood or secretions, skin, and bodily fluid (does not include feces, nasal secretions, sputum, sweat, tears or vomit, except if contaminated with blood)*. Universal precautions include the use of protecting barriers like gloves, caps, aprons, masks or eye

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protectors, which reduce the risk to be exposed to contaminated matter. Health care professionals should also avoid wounds by needles, scalpels or any other cutting object.

AIDS and the law

In 1988, Florida's passed Omnibus AIDS act, legislation to prevent AIDS transmission and to protect the rights of those affected by AIDS. This law made it mandatory that all health professionals take an AIDS class.

By law, an HIV test cannot be performed without informed consent, but the law also establishes exceptions, which include those cases in which asking for consent is considered detrimental for the health of the person or the treatment depends on the result of the test. In some cases, the law allows immigrants to be tested without their consent. The law also establishes that all efforts should be made to notify a person of a test result and that all positive results should be confirmed with other tests before being handled to the person.

Resources

For official HIV/AIDS treatment call: 1-800-HIV-0440 (1-800-448-0440) 1-301-519-6616
o visit:

<http://www.hivatis.org> <http://www.cdcnpin.org>

http://www.cdc.gov/ncidod/dhqp/bp_universal_precautions.html

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Go back to our website (ceusonlineflorida.com) and click on tests at the top of the page to answer the Medical Errors class. Make sure that you are answering the test for massage therapists. If you pass with a score higher than 80%, you will be receiving by email your certificate of achievement within 2 business days after you answer the test.

EVALUATION SHEET

Medical Errors _____ HIV-AIDS _____

DATE:

Please evaluate the class:

Rate the using numbers from 1 to 5, where 1 is poor and 5 is excellent

The material is clear and easy to read	1	2	3	4	5
The material is relevant to my practice	1	2	3	4	5
The material is well organized	1	2	3	4	5
The website is easy to navigate	1	2	3	4	5

What do you think could be don't to improve this class?

LAW: QUALIFICATIONS FOR LICENSURE

CEUS: 2 - Course No. 20-115809

Instructor: Silvia Casabianca

Course description

The Law – Qualifications for Licensure class is a 2-CEUs class approved by the Florida Board of Massage Therapy.

There is no other way to learn the laws and regulations than to read and study the relevant laws and regulations. Thus, the instructional material includes Chapter 480 of the Title XXXII of the Florida Statutes and the Chapter 64 of the Florida Administrative Code. We have included only the most relevant rules to the practice of massage, including the most recent ones that refer to electronic tracking of continuing education hours through cebroker.com.

Carefully read the rules and regulations. Once you have finished the reading, you will be able to answer the test provided at the end. Please send the answers to the address provided in the answer sheet. Provided that you pass the test (80 %), you will receive your certificate of completion within seven business days after we receive the answers.

Main objective of the class

At the end of the class, the licensed massage therapist will know and be able to apply the laws and rules relevant to the practice of massage, and the necessary qualifications for licensure.

Resources: <http://fac.dos.state.fl.us/>
 Chapter 480 Title XXXII Florida Statutes
 www.ceusononlineflorida.com (click on resources tab)

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 www.ceusononlineflorida.com (click on resources tab)

THE NEWEST:

During the 2016 Legislative session, CS/HB 545 passed, which made changes to the Massage Practice Act. These changes update a list of convictions sometimes referred to as “crimes related to the practice,” and generally relate to human trafficking, sexual misconduct, and protecting special populations from harmful or predatory behaviors.

Chapter 456.074, Florida Statutes, requires the Department of Health to:

- Immediately suspend the license of a therapist who has been convicted of any offense listed.
- Immediately suspend the license of any establishment whose owner/operator, or any related person has been convicted of any offense listed

Chapter 480.041, Florida Statutes, requires the Department of Health to:

- Deny an application for massage therapist licensure if the applicant has been convicted of any of any offense listed.
- Deny the renewal of massage therapist licensure if the licensee has been convicted of any offense listed.

Chapter 480.043, Florida Statutes, requires the Department of Health to:

- Deny an application for massage establishment licensure if the applicant, or any related person has been convicted of any offense listed.
- Deny the renewal of massage establishment licensure if the applicant, or any related person has been convicted of any offense listed.

For more information about background screening and criminal history as it relates to licensure, please visit the following links:

<http://floridasmassagetherapy.gov/?s=criminal+history>

<http://flhealthsource.gov/background-screening>

To view the updated statutes, please visit the following links:

- [Chapter 456.074, Florida Statutes](#)
- [Chapter 480.041, Florida Statutes](#)
- [Chapter 480.043, Florida Statutes](#)

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EFFECTIVE 6/2/10

456.013(7), F.S.

(2) The Board approves the following examinations:

- (a) National Certification Board for Therapeutic Massage and Bodywork Examination;
- (b) National Certification Examination for Therapeutic Massage;
- (c) National Exam for State Licensure option administered by the National Certification Board for Therapeutic Massage and Bodywork;
- (d) The Massage and Bodywork Licensing Examination administered by the Federation of State Massage Therapy Boards.

(3) Any Board-approved examination may be offered in the Spanish language.)

Senate Bill 1986, now section 456.0635, FL Statutes (2009)

Passed during the 2009 Florida legislative session. This law became effective July 1, 2009 and affects any licensee that was licensed on July 1, 2009 and licensee renewals.

Chapter 456. - HEALTH PROFESSIONS AND OCCUPATIONS: GENERAL PROVISIONS

The statutes listed in s. 456.0635, F.S., are:

Chapter 409, Florida Statutes, Social and Economic Assistance

Chapter 817, Florida Statutes, Fraudulent Practices

Chapter 893, Florida Statutes, Drug Abuse Prevention and Control

The link to the Florida Statutes is: <http://www.leg.state.fl.us/statutes/>

CHAPTER 456:

HEALTH PROFESSIONS AND OCCUPATIONS: GENERAL PROVISIONS

(b) If an applicant has not been issued a social security number by the Federal Government at the time of application because the applicant is not a citizen or resident of this country, the department may process the application using a unique personal identification number. If such an applicant is otherwise eligible for licensure, the board, or the department when there is no board, may issue a temporary license to the applicant, which shall expire 30 days after issuance unless a social security number is obtained and submitted in writing to the department. Upon receipt of the applicant's social security number, the department shall issue a new license, which shall expire at the end of the current biennium.

456.0635

Medicaid fraud; disqualification for license, certificate, or registration.

Boards shall refuse to admit a candidate to any examination and refuse to issue or renew a license, certificate, or registration to any applicant if the candidate or applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant, has been:

- (a) Convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, chapter 893, 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;
- (b) Terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;

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(c) Terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program or the federal Medicare program, unless the applicant has been in good standing with a state Medicaid program or the federal Medicare program for the most recent 5 years and the termination occurred at least 20 years prior to the date of the application.

(3) Licensed health care practitioners shall report allegations of Medicaid fraud to the department, regardless of the practice setting in which the alleged Medicaid fraud occurred.

(4) The acceptance by a licensing authority of a candidate's relinquishment of a license which is offered in response to or anticipation of the filing of administrative charges alleging Medicaid fraud or similar charges constitutes the permanent revocation of the license.

Ch.893 – Drug abuse prevention and control

- Under this section, somebody applying for licensure in the healing arts professions, who was convicted of drug charge in FL, will be unable to obtain a license or renew a license in the state for a period of 15 years following conviction or plea.
- Not if the charges were entered in another jurisdiction other than FL.
- Post-facto.

EFFECTIVE APRIL 2010 the required hours in a Massage Therapy School have changed as follows:

- 150 Anatomy and Physiology
- 100 Basic Massage Theory and History
- 125 Clinical Practicum
- 76 Allied Modalities
- 15 Business
- 15 Theory and Practice of Hydrotherapy
- 10 Florida Laws and Rules
(Statutes 456, 480 and Rule Chapter 64B7)
- 4 Professional Ethics
- 3 HIV/AIDS
- 2 Medical Errors

FLORIDA STATUTES – TITLE XXXII - CHAPTER 480
MASSAGE PRACTICE

480.031 Short title.—This act shall be known and may be cited as the “Massage Practice Act.”

History. s. 1, ch. 78-436; s. 2, ch. 81-318; ss. 12, 13, ch. 85-280; s. 4, ch. 91-429.

480.032 Purpose.—The Legislature recognizes that the practice of massage is potentially dangerous to the public in that massage therapists must have a knowledge of anatomy and physiology and an understanding of the relationship between the structure and the function of the tissues being treated and the total function of the body. Massage is therapeutic, and regulations are necessary to protect the public from unqualified practitioners. It is therefore deemed necessary in the interest of public health, safety, and welfare to regulate the practice of massage in this state; however, restrictions shall be imposed to the extent necessary to protect the public from significant and discernible danger to health and yet not in such a manner which will unreasonably affect the competitive market. Further, consumer protection for both health and economic matters shall be afforded the public through legal remedies provided for in this act.

History.—s. 2, ch. 78-436; s. 2, ch. 81-318; ss. 12, 13, ch. 85-280; s. 49, ch. 89-374; s. 4, ch. 91-429.

480.033 Definitions.—As used in this act:

- (1) “Board” means the Board of Massage Therapy.
- (2) “Department” means the Department of Health.
- (3) “Massage” means the manipulation of the soft tissues of the human body with the hand, foot, arm, or elbow, whether or not such manipulation is aided by hydrotherapy, including colonic irrigation, or thermal therapy; any electrical or mechanical device; or the application to the human body of a chemical or herbal preparation.
- (4) “Massage therapist” means a person licensed as required by this act, who administers massage for compensation.
- (5) “Apprentice” means a person approved by the board to study massage under the instruction of a licensed massage therapist.
- (6) “Colonic irrigation” means a method of hydrotherapy used to cleanse the colon with the aid of a mechanical device and water.
- (7) “Establishment” means a site or premises, or portion thereof, wherein a massage therapist practices massage.
- (8) “Licensure” means the procedure by which a person, hereinafter referred to as a “practitioner,” applies to the board for approval to practice massage or to operate an establishment.
- (9) “Board-approved massage school” means a facility that meets minimum standards for training and curriculum as determined by rule of the board and that is licensed by the Department of Education pursuant to chapter 1005 or the equivalent licensing authority of another state or is within the public school system of this state or a college or university that is eligible to participate in the William L. Boyd, IV, Florida Resident Access Grant Program.

History.—s. 3, ch. 78-436; ss. 13, 15, 25, 30, 34, 50, 62, ch. 80-406; s. 2, ch. 81-318; s. 76, ch. 83-329; ss. 1, 12, 13, ch. 85-280; s. 50, ch. 89-374; s. 4, ch. 91-429; s. 169, ch. 94-218; s. 67, ch. 95-144; s. 149, ch. 97-264; s. 116, ch. 2001-277; s. 1025, ch. 2002-387; s. 1, ch. 2013-212.

480.034 Exemptions.—

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- (1) Nothing in this act shall modify or repeal any provision of chapters 458-464, inclusive, or of chapter 476, chapter 477, or chapter 486.
- (2) Athletic trainers employed by or on behalf of a professional athletic team performing or training within this state shall be exempt from the provisions of this act.
- (3) The state and its political subdivisions are exempt from the registration requirements of this act.
- (4) An exemption granted is effective to the extent that an exempted person's practice or profession overlaps with the practice of massage.

History.—s. 4, ch. 78-436; s. 2, ch. 81-318; ss. 12, 13, ch. 85-280; s. 1, ch. 87-267; s. 4, ch. 91-429; s. 150, ch. 97-264.

480.035 Board of Massage Therapy.—

- (1) The Board of Massage Therapy is created within the department. The board shall consist of seven members, who shall be appointed by the Governor and whose function it shall be to carry out the provisions of this act.
- (2) Five members of the board shall be licensed massage therapists and shall have been engaged in the practice of massage for not less than 5 consecutive years prior to the date of appointment to the board. The Governor shall appoint each member for a term of 4 years. Two members of the board shall be laypersons. Each board member shall be a high school graduate or shall have received a high school equivalency diploma. Each board member shall be a citizen of the United States and a resident of this state for not less than 5 years. The appointments will be subject to confirmation by the Senate.
- (3) The Governor may at any time fill vacancies on the board for the remainder of unexpired terms. Each member of the board shall hold over after the expiration of her or his term until her or his successor has been duly appointed and qualified. No board member shall serve more than two terms, whether full or partial.
- (4) The board shall, in the month of January, elect from its number a chair and a vice chair.
- (5) The board shall hold such meetings during the year as it may determine to be necessary, one of which shall be the annual meeting. The chair of the board shall have the authority to call other meetings at her or his discretion. A quorum of the board shall consist of not less than four members.
- (6) Board members shall receive per diem and mileage as provided in s. 112.061 from the place of residence to the place of meeting and return.
- (7) The board has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter.

History.—s. 5, ch. 78-436; ss. 13, 15, 25, 30, 34, 51, 62, ch. 80-406; s. 2, ch. 81-318; ss. 2, 12, 13, ch. 85-280; s. 51, ch. 89-374; s. 4, ch. 91-429; s. 170, ch. 94-218; s. 411, ch. 97-103; s. 151, ch. 97-264; s. 151, ch. 98-200; s. 8, ch. 2014-20.

480.036 Accountability of board members.—Each board member shall be held accountable to the Governor for the proper performance of all duties and obligations of such board member's office. The Governor shall cause to be investigated any complaints or unfavorable reports received concerning the actions of the board or its individual members and shall take appropriate action thereon, which may include removal of any board member for malfeasance, misfeasance, neglect of duty, commission of a felony, incompetency, or permanent inability to perform official duties.

History.—s. 6, ch. 78-436; s. 2, ch. 81-318; ss. 12, 13, ch. 85-280; s. 4, ch. 91-429.

480.039 Investigative services.—The department shall provide all investigative services required in carrying out the provisions of this act.

History.—s. 9, ch. 78-436; s. 2, ch. 81-318; ss. 3, 12, 13, ch. 85-280; s. 4, ch. 91-429.

480.041 Massage therapists; qualifications; licensure; endorsement.—

- (1) Any person is qualified for licensure as a massage therapist under this act who:
 - (a) Is at least 18 years of age or has received a high school diploma or high school equivalency diploma;
 - (b) Has completed a course of study at a board-approved massage school or has completed an apprenticeship program that meets standards adopted by the board; and
 - (c) Has received a passing grade on an examination administered by the department.
- (2) Every person desiring to be examined for licensure as a massage therapist shall apply to the department in writing upon forms prepared and furnished by the department. Such applicants shall be subject to the provisions of s. 480.046(1). Applicants may take an examination administered by the department only upon meeting the requirements of this section as determined by the board.
- (3) An applicant must submit to background screening under s. 456.0135.
- (4) Upon an applicant's passing the examination and paying the initial licensure fee, the department shall issue to the applicant a license, valid until the next scheduled renewal date, to practice massage.
- (5) The board shall adopt rules:
 - (a) Establishing a minimum training program for apprentices.
 - (b) Providing for educational standards, examination, and certification for the practice of colonic irrigation, as defined in s. 480.033(6), by massage therapists.
 - (c) Specifying licensing procedures for practitioners desiring to be licensed in this state who hold an active license and have practiced in any other state, territory, or jurisdiction of the United States or any foreign national jurisdiction which has licensing standards substantially similar to, equivalent to, or more stringent than the standards of this state.
- (6) Massage therapists who were issued a license before July 1, 2014, must submit to the background screening requirements of s. 456.0135 by January 31, 2015.
- (7) The board shall deny an application for a new or renewal license if an applicant has been convicted or found guilty of, or enters a plea of guilty or nolo contendere to, regardless of adjudication, a violation of s. 796.07(2)(a) which is reclassified under s. 796.07(7) or a felony offense under any of the following provisions of state law or a similar provision in another jurisdiction:
 - (a) Section 787.01, relating to kidnapping.
 - (b) Section 787.02, relating to false imprisonment.
 - (c) Section 787.025, relating to luring or enticing a child.
 - (d) Section 787.06, relating to human trafficking.
 - (e) Section 787.07, relating to human smuggling.
 - (f) Section 794.011, relating to sexual battery.
 - (g) Section 794.08, relating to female genital mutilation.
 - (h) Former s. 796.03, relating to procuring a person under the age of 18 for prostitution.
 - (i) Former s. 796.035, relating to the selling or buying of minors into prostitution.

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- (j) Section 796.04, relating to forcing, compelling, or coercing another to become a prostitute.
- (k) Section 796.05, relating to deriving support from the proceeds of prostitution.
- (l) Section 796.07(4)(a)3., relating to a felony of the third degree for a third or subsequent violation of s. 796.07, relating to prohibiting prostitution and related acts.
- (m) Section 800.04, relating to lewd or lascivious offenses committed upon or in the presence of persons less than 16 years of age.
- (n) Section 825.1025(2)(b), relating to lewd or lascivious offenses committed upon or in the presence of an elderly or disabled person.
- (o) Section 827.071, relating to sexual performance by a child.
- (p) Section 847.0133, relating to the protection of minors.
- (q) Section 847.0135, relating to computer pornography.
- (r) Section 847.0138, relating to the transmission of material harmful to minors to a minor by electronic device or equipment.
- (s) Section 847.0145, relating to the selling or buying of minors.

History.—s. 10, ch. 78-436; ss. 13, 15, 25, 30, 34, 52, 62, ch. 80-406; s. 2, ch. 81-318; ss. 25, 47, ch. 82-179; s. 77, ch. 83-329; ss. 4, 12, 13, ch. 85-280; s. 61, ch. 87-225; s. 52, ch. 89-374; s. 4, ch. 91-429; s. 153, ch. 94-119; s. 152, ch. 97-264; s. 9, ch. 2014-20; s. 3, ch. 2014-139; s. 59, ch. 2015-2; s. 63, ch. 2016-10; s. 5, ch. 2016-24.

480.0415 License renewal.—The board shall prescribe by rule the method for renewal of biennial licensure which shall include continuing education requirements not to exceed 25 classroom hours per biennium. The board shall by rule establish criteria for the approval of continuing education programs or courses. The programs or courses approved by the board may include correspondence courses that meet the criteria for continuing education courses held in a classroom setting.

History.—ss. 5, 13, ch. 85-280; s. 53, ch. 89-374; s. 4, ch. 91-429; s. 230, ch. 94-119; s. 153, ch. 97-264.

480.042 Examinations.—

- (1) The board shall specify by rule the general areas of competency to be covered by examinations for licensure. These rules shall include the relative weight assigned in grading each area, the grading criteria to be used by the examiner, and the score necessary to achieve a passing grade. The board shall ensure that examinations adequately measure an applicant's competency. Professional testing services may be utilized to formulate the examinations.
- (2) The board shall ensure that examinations comply with state and federal equal employment opportunity guidelines.
- (3) The department shall, in accordance with rules established by the board, examine persons who file applications for licensure under this act in all matters pertaining to the practice of massage. A written examination shall be offered at least once yearly and at such other times as the department shall deem necessary.
- (4) The board shall adopt rules providing for reexamination of applicants who have failed the examination.
- (5) All licensing examinations shall be conducted in such manner that the applicant shall be known to the department by number until her or his examination is completed and the proper grade determined. An accurate record of each examination shall be made; and that record, together with all examination papers, shall be filed with the State Surgeon General and shall be

kept for reference and inspection for a period of not less than 2 years immediately following the examination.

History.—s. 11, ch. 78-436; ss. 13, 15, 25, 30, 34, 53, 62, ch. 80-406; s. 2, ch. 81-318; ss. 12, 13, ch. 85-280; s. 4, ch. 91-429; s. 154, ch. 94-119; s. 412, ch. 97-103; s. 154, ch. 97-264; s. 96, ch. 2008-6.

480.043 Massage establishments; requisites; licensure; inspection.—

- (1) No massage establishment shall be allowed to operate without a license granted by the department in accordance with rules adopted by the board.
- (2) A person who has an ownership interest in an establishment shall submit to the background screening requirements under s. 456.0135. However, if a corporation submits proof of having more than \$250,000 of business assets in this state, the department shall require the owner, officer, or individual directly involved in the management of the establishment to submit to the background screening requirements of s. 456.0135. The department may adopt rules regarding the type of proof that may be submitted by a corporation.
- (3) The board shall adopt rules governing the operation of establishments and their facilities, personnel, safety and sanitary requirements, financial responsibility, insurance coverage, and the license application and granting process.
- (4) Any person, firm, or corporation desiring to operate a massage establishment in the state shall submit to the department an application, upon forms provided by the department, accompanied by any information requested by the department and an application fee.
- (5) Upon receiving the application, the department may cause an investigation to be made of the proposed massage establishment.
- (6) If, based upon the application and any necessary investigation, the department determines that the proposed establishment would fail to meet the standards adopted by the board under subsection (3), the department shall deny the application for license. Such denial shall be in writing and shall list the reasons for denial. Upon correction of any deficiencies, an applicant previously denied permission to operate a massage establishment may reapply for licensure.
- (7) If, based upon the application and any necessary investigation, the department determines that the proposed massage establishment may reasonably be expected to meet the standards adopted by the department under subsection (3), the department shall grant the license under such restrictions as it shall deem proper as soon as the original licensing fee is paid.
- (8) The department shall deny an application for a new or renewal license if a person with an ownership interest in the establishment or, for a corporation that has more than \$250,000 of business assets in this state, the owner, officer, or individual directly involved in the management of the establishment has been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a violation of s. 796.07(2)(a) which is reclassified under s. 796.07(7) or a felony offense under any of the following provisions of state law or a similar provision in another jurisdiction:
 - (a) Section 787.01, relating to kidnapping.
 - (b) Section 787.02, relating to false imprisonment.
 - (c) Section 787.025, relating to luring or enticing a child.
 - (d) Section 787.06, relating to human trafficking.
 - (e) Section 787.07, relating to human smuggling.
 - (f) Section 794.011, relating to sexual battery.
 - (g) Section 794.08, relating to female genital mutilation.

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- (h) Former s. 796.03, relating to procuring a person under the age of 18 for prostitution.
- (i) Former s. 796.035, relating to selling or buying of minors into prostitution.
- (j) Section 796.04, relating to forcing, compelling, or coercing another to become a prostitute.
- (k) Section 796.05, relating to deriving support from the proceeds of prostitution.
- (l) Section 796.07(4)(a)3., relating to a felony of the third degree for a third or subsequent violation of s. 796.07, relating to prohibiting prostitution and related acts.
- (m) Section 800.04, relating to lewd or lascivious offenses committed upon or in the presence of persons less than 16 years of age.
- (n) Section 825.1025(2)(b), relating to lewd or lascivious offenses committed upon or in the presence of an elderly or disabled person.
- (o) Section 827.071, relating to sexual performance by a child.
- (p) Section 847.0133, relating to the protection of minors.
- (q) Section 847.0135, relating to computer pornography.
- (r) Section 847.0138, relating to the transmission of material harmful to minors to a minor by electronic device or equipment.
- (s) Section 847.0145, relating to the selling or buying of minors.
- (9)(a) Once issued, no license for operation of a massage establishment may be transferred from one owner to another.
- (b) A license may be transferred from one location to another only after inspection and approval by the board and receipt of an application and inspection fee set by rule of the board, not to exceed \$125.
- (c) A license may be transferred from one business name to another after approval by the board and receipt of an application fee set by rule of the board, not to exceed \$25.
- (10) Renewal of license registration for massage establishments shall be accomplished pursuant to rules adopted by the board. The board is further authorized to adopt rules governing delinquent renewal of licenses and may impose penalty fees for delinquent renewal.
- (11) The board is authorized to adopt rules governing the periodic inspection of massage establishments licensed under this act.
- (12) A person with an ownership interest in or, for a corporation that has more than \$250,000 of business assets in this state, the owner, officer, or individual directly involved in the management of an establishment that was issued a license before July 1, 2014, shall submit to the background screening requirements of s. 456.0135 before January 31, 2015.
- (13) This section does not apply to a physician licensed under chapter 458, chapter 459, or chapter 460 who employs a licensed massage therapist to perform massage on the physician's patients at the physician's place of practice. This subsection does not restrict investigations by the department for violations of chapter 456 or this chapter.

History.—s. 12, ch. 78-436; ss. 13, 15, 25, 30, 34, 54, 62, ch. 80-406; s. 2, ch. 81-318; ss. 6, 12, 13, ch. 85-280; s. 4, ch. 91-429; s. 156, ch. 97-264; s. 4, ch. 2014-139; s. 60, ch. 2015-2; s. 64, ch. 2016-10; s. 6, ch. 2016-24.

480.044 Fees; disposition.—

- (1) The board shall set fees according to the following schedule:
 - (a) Massage therapist application and examination fee: not to exceed \$250.
 - (b) Massage therapist initial licensure fee: not to exceed \$150.
 - (c) Establishment application fee: not to exceed \$200.

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- (d) Establishment licensure fee: not to exceed \$150.
- (e) Biennial establishment renewal fee: not to exceed \$150.
- (f) Biennial massage therapist licensure renewal fee: not to exceed \$200.
- (g) Massage therapist reexamination fee: not to exceed \$250.
- (h) Fee for apprentice: not to exceed \$100.
- (i) Colonics examination fee: not to exceed \$100.
- (j) Colonics reexamination fee: not to exceed \$100.
- (k) Application and reactivation for inactive status of a massage therapist license fee: not to exceed \$250.
- (l) Renewal fee for inactive status: not to exceed \$250.
- (2) The department shall impose a late fee not to exceed \$150 on a delinquent renewal of a massage establishment license.
- (3) The board may establish by rule an application fee not to exceed \$100 for anyone seeking approval to provide continuing education courses and may provide by rule for a fee not to exceed \$50 for renewal of providership.
- (4) The department is authorized to charge the cost of any original license or permit, as set forth in this chapter, for the issuance of any duplicate licenses or permits requested by any massage therapist or massage establishment.
- (5) All moneys collected by the department from fees authorized by this act shall be paid into the Medical Quality Assurance Trust Fund in the department and shall be applied in accordance with the provisions of s. 456.025. The Legislature may appropriate any excess moneys from this fund to the General Revenue Fund.

History.—s. 13, ch. 78-436; ss. 13, 15, 25, 30, 34, 55, 62, ch. 80-406; s. 2, ch. 81-318; ss. 7, 12, 13, ch. 85-280; s. 24, ch. 88-205; s. 54, ch. 89-162; s. 55, ch. 89-374; s. 4, ch. 91-429; s. 157, ch. 97-264; s. 127, ch. 98-166; s. 187, ch. 2000-160.

480.046 Grounds for disciplinary action by the board.—

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
 - (a) Attempting to procure a license to practice massage by bribery or fraudulent misrepresentation.
 - (b) Having a license to practice massage revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.
 - (c) Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of massage or to the ability to practice massage. Any plea of nolo contendere shall be considered a conviction for purposes of this chapter.
 - (d) False, deceptive, or misleading advertising.
 - (e) Advertising to induce or attempt to induce, or to engage or attempt to engage, the client in unlawful sexual misconduct as described in s. 480.0485.
 - (f) Aiding, assisting, procuring, or advising any unlicensed person to practice massage contrary to the provisions of this chapter or to a rule of the department or the board.
 - (g) Making deceptive, untrue, or fraudulent representations in the practice of massage.
 - (h) Being unable to practice massage with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department shall have, upon

probable cause, authority to compel a massage therapist to submit to a mental or physical examination by physicians designated by the department. Failure of a massage therapist to submit to such examination when so directed, unless the failure was due to circumstances beyond her or his control, shall constitute an admission of the allegations against her or him, consequent upon which a default and final order may be entered without the taking of testimony or presentation of evidence. A massage therapist affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can resume the competent practice of massage with reasonable skill and safety to clients.

(i) Gross or repeated malpractice or the failure to practice massage with that level of care, skill, and treatment which is recognized by a reasonably prudent massage therapist as being acceptable under similar conditions and circumstances.

(j) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has reason to know that she or he is not competent to perform.

(k) Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience, or licensure to perform.

(l) Violating a lawful order of the board or department previously entered in a disciplinary hearing, or failing to comply with a lawfully issued subpoena of the department.

(m) Refusing to permit the department to inspect the business premises of the licensee during regular business hours.

(n) Failing to keep the equipment and premises of the massage establishment in a clean and sanitary condition.

(o) Practicing massage at a site, location, or place which is not duly licensed as a massage establishment, except that a massage therapist, as provided by rules adopted by the board, may provide massage services, excluding colonic irrigation, at the residence of a client, at the office of the client, at a sports event, at a convention, or at a trade show.

(p) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.

(2) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).

(3) The board shall have the power to revoke or suspend the license of a massage establishment licensed under this act, or to deny subsequent licensure of such an establishment, in either of the following cases:

(a) Upon proof that a license has been obtained by fraud or misrepresentation.

(b) Upon proof that the holder of a license is guilty of fraud or deceit or of gross negligence, incompetency, or misconduct in the operation of the establishment so licensed.

(4) Disciplinary proceedings shall be conducted pursuant to the provisions of chapter 120.

History.—s. 15, ch. 78-436; s. 2, ch. 81-318; s. 78, ch. 83-329; ss. 8, 12, 13, ch. 85-280; s. 1, ch. 88-233; s. 56, ch. 89-374; s. 4, ch. 91-429; s. 413, ch. 97-103; s. 45, ch. 2001-277; s. 21, ch. 2005-240; s. 2, ch. 2013-212.

480.0465 Advertisement.—Each massage therapist or massage establishment licensed under the provisions of this act shall include the number of the license in any advertisement of massage

services appearing in a newspaper, airwave transmission, telephone directory, or other advertising medium. Pending licensure of a new massage establishment pursuant to the provisions of s. 480.043(7), the license number of a licensed massage therapist who is an owner or principal officer of the establishment may be used in lieu of the license number for the establishment.

History.—ss. 9, 13, ch. 85-280; s. 2, ch. 88-233; s. 57, ch. 89-374; s. 4, ch. 91-429; s. 5, ch. 2014-139.

480.047 Penalties.—

- (1) It is unlawful for any person to:
 - (a) Hold himself or herself out as a massage therapist or to practice massage unless duly licensed under this chapter or unless otherwise specifically exempted from licensure under this chapter.
 - (b) Operate any massage establishment unless it has been duly licensed as provided herein, except that nothing herein shall be construed to prevent the teaching of massage in this state at a board-approved massage school.
 - (c) Permit an employed person to practice massage unless duly licensed as provided herein.
 - (d) Present as his or her own the license of another.
 - (e) Allow the use of his or her license by an unlicensed person.
 - (f) Give false or forged evidence to the department in obtaining any license provided for herein.
 - (g) Falsely impersonate any other licenseholder of like or different name.
 - (h) Use or attempt to use a license that has been revoked.
 - (i) Otherwise violate any of the provisions of this act.
- (2) Except as otherwise provided in this chapter, any person violating the provisions of this section is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

History.—s. 16, ch. 78-436; s. 2, ch. 81-318; ss. 10, 12, 13, ch. 85-280; s. 58, ch. 89-374; s. 4, ch. 91-429; s. 414, ch. 97-103; s. 158, ch. 97-264; s. 3, ch. 2013-212.

480.0475 Massage establishments; prohibited practices.—

- (1) A person may not operate a massage establishment between the hours of midnight and 5 a.m. This subsection does not apply to a massage establishment:
 - (a) Located on the premises of a health care facility as defined in s. 408.07; a health care clinic as defined in s. 400.9905(4); a hotel, motel, or bed and breakfast inn, as those terms are defined in s. 509.242; a timeshare property as defined in s. 721.05; a public airport as defined in s. 330.27; or a pari-mutuel facility as defined in s. 550.002;
 - (b) In which every massage performed between the hours of midnight and 5 a.m. is performed by a massage therapist acting under the prescription of a physician or physician assistant licensed under chapter 458, an osteopathic physician or physician assistant licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, an advanced registered nurse practitioner licensed under part I of chapter 464, or a dentist licensed under chapter 466; or
 - (c) Operating during a special event if the county or municipality in which the establishment operates has approved such operation during the special event.

(2) A person operating a massage establishment may not use or permit the establishment to be used as a principal domicile unless the establishment is zoned for residential use under a local ordinance.

(3) A person violating the provisions of this section commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. A second or subsequent violation of this section is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

History.—s. 4, ch. 2013-212.

480.0485 Sexual misconduct in the practice of massage therapy.—The massage therapist-patient relationship is founded on mutual trust. Sexual misconduct in the practice of massage therapy means violation of the massage therapist-patient relationship through which the massage therapist uses that relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of practice or the scope of generally accepted examination or treatment of the patient. Sexual misconduct in the practice of massage therapy is prohibited.

History.—s. 159, ch. 97-264.

480.049 Civil proceedings.—As cumulative to any other remedy or criminal prosecution, the department may file a proceeding in the name of the state seeking issuance of a restraining order, injunction, or writ of mandamus against any person who is or has been violating any of the provisions of this act or the lawful rules or orders of the department.

History.—s. 18, ch. 78-436; s. 2, ch. 81-318; ss. 12, 13, ch. 85-280; s. 4, ch. 91-429.

480.052 Power of county or municipality to regulate massage.—A county or municipality, within its jurisdiction, may regulate persons and establishments licensed under this chapter. Such regulation shall not exceed the powers of the state under this act or be inconsistent with this act. This section shall not be construed to prohibit a county or municipality from enacting any regulation of persons or establishments not licensed pursuant to this act.

History.—s. 20, ch. 78-436; ss. 13, 15, 25, 30, 34, 56, 62, ch. 80-406; s. 2, ch. 81-318; ss. 12, 13, ch. 85-280; s. 4, ch. 91-429.

480.0535 Documents required while working in a massage establishment.—

(1) In order to provide the department and law enforcement agencies the means to more effectively identify, investigate, and arrest persons engaging in human trafficking, a person employed by a massage establishment and any person performing massage therein must immediately present, upon the request of an investigator of the department or a law enforcement officer, valid government identification while in the establishment. A valid government identification for the purposes of this section is:

- (a) A valid, unexpired driver license issued by any state, territory, or district of the United States;
- (b) A valid, unexpired identification card issued by any state, territory, or district of the United States;
- (c) A valid, unexpired United States passport;
- (d) A naturalization certificate issued by the United States Department of Homeland Security;
- (e) A valid, unexpired alien registration receipt card (green card); or
- (f) A valid, unexpired employment authorization card issued by the United States Department of Homeland Security.

(2) A person operating a massage establishment must:

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- (a) Immediately present, upon the request of an investigator of the department or a law enforcement officer:
 - 1. Valid government identification while in the establishment.
 - 2. A copy of the documentation specified in paragraph (1)(a) for each employee and any person performing massage in the establishment.
- (b) Ensure that each employee and any person performing massage in the massage establishment is able to immediately present, upon the request of an investigator of the department or a law enforcement officer, valid government identification while in the establishment.
- (3) A person who violates any provision of this section commits:
 - (a) For a first violation, a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.
 - (b) For a second violation, a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
 - (c) For a third or subsequent violation, a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

History.—s. 2, ch. 2012-97.

64B7 BOARD OF MASSAGE

CHAPTER 64B7-25 EXAMINATION

64B7-25.001 Examination Requirements.

- (1) The Department shall issue a license to a person who:
- (a) Pays to the Department the fee set out in subsection 64B7-27.002(1), F.A.C.;
 - (b) Completes a course of study at a massage school approved by the Board pursuant to Rule Chapter 64B7-32, F.A.C.; or completes an approved apprenticeship program in accordance with Rule Chapter 64B7-29, F.A.C.;
 - (c) Completes the HIV/AIDS course requirement in Rule 64B7-25.0012, F.A.C.;
 - (d) Passes a national examination approved by the Board;
 - (e) Completes a course relating to the prevention of medical errors as required by subsection 456.013(7), F.S.
- (2) The Board approves the National Certification Board for Therapeutic Massage and Bodywork examination.

Specific Authority 456.013(7), 456.017(1)(c), 456.034, 480.035(7), 480.041(2), 480.042(1) FS. Law Implemented 456.013(7), 456.017(1)(c),

456.034, 480.041, 480.042 FS. History—New 11-27-79, Amended 9-2-80, 10-9-85, Formerly 21L-25.01, Amended 12-22-92, 3-24-93, 5-20-93,

Formerly 21L-25.001, Amended 8-12-93, 6-28-94, 8-18-96, Formerly 61G11-25.001, Amended 5-20-98, 7-30-02.

64B7-25.0011 Colonic Irrigation Application Deadline.

An applicant for the colonic irrigation examination or for re-examination must file in the Board office a completed application (incorporated herein by reference and entitled State of Florida Application for Licensure Massage Therapy, form # BMT2, (revised 7/2000), instructions attached and available at the Board office), including proof of completion of an approved course of study or an apprenticeship, at least 45 days prior to the examination date. The examination or re-examination fee must accompany the application.

Specific Authority 480.041(3)(b) FS. Law Implemented 480.041(3)(b) FS. History—New 11-25-80, Amended 7-12-82, Formerly 21L-25.011,

Amended 3-12-90, Formerly 21L-25.0011, Amended 9-30-93, 9-15-94, 7-2-96, Formerly 61G11-25.0011, Amended 11-2-00.

64B7-25.0012 HIV/AIDS Course Required for Initial Licensure.

As a condition to granting an initial license, the applicant is required to complete a 3-hour educational course approved by the Board on human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). Courses that have received Board approval are sponsored by: the Department of Health, Division of Health Quality Assurance, the American Red Cross, or directly by the Board approved massage schools.

Specific Authority 456.034(5) FS. Law Implemented 456.034(4) FS. History—New 9-15-94, Formerly 61G11-25.0012, Amended 1-26-00.

64B7-25.0025 Security and Monitoring Procedures for Licensure Examination.

The Board adopts by reference Department of Health, Rule 64B-1.010, F.A.C., as its rule governing examination security and monitoring.

Specific Authority 456.017(1)(d) FS. Law Implemented 456.017(1)(d) FS. History—New 2-8-82,

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*Formerly 21L-24.18, 21L-24.018, 64B7-24.018,
61G11-25.0025, Amended 2-4-99.*

64B7-25.004 Endorsements.

- (1) The Department shall issue a license by endorsement to a person who:
 - (a) Pays to the Department the initial licensure fee set forth in subsection 64B7-27.008(2), F.A.C.; and
 - (b) Is currently licensed and has practiced massage under the laws of another state, and was required, in order to be so licensed, to meet standards of education or apprenticeship training substantially similar to, equivalent to, or more stringent than those required for licensure by Florida law and these rules; and
 - (c) Demonstrates that his out-of-state license was issued upon the satisfactory completion of an examination comparable to the examination given by the Department; and
 - (d) Has no outstanding or unresolved complaints filed against him or her in the jurisdiction of licensure.

(2) The Department may interview an applicant for licensure by endorsement to determine whether he qualifies for such endorsement.

Specific Authority 456.013(2), 480.035(7), 480.041(4)(c) FS. Law Implemented 456.013(2), 480.041(4)(c) FS. History–New 11-27-79, Amended 7-9-80, 8-29-83, 10-9-85, Formerly 21L-25.04, Amended 6-12-88, 8-15-89, 2-11-93, Formerly 21L-25.004, Amended 9-15-94, 1-9-95, 8-18-96, 1-29-97, Formerly 61G11-25.004, Amended 6-22-99.

64B7-25.006 Expiration of Incomplete Applications.

If an applicant fails to submit all items necessary for his/her application to be considered complete within one year from the date the application is first received by the Department, the application shall expire and the applicant’s file shall be closed.

Specific Authority 480.035(7) FS. Law Implemented 456.013, 480.041 FS. History–New 6-22-99.

CHAPTER 64B7-26 MASSAGE ESTABLISHMENTS

64B7-26.001 Definitions.

- (1) The term “owner” means the sole proprietor, partnership, limited partnership or corporation that operates the massage establishment.
- (2) The term “establishment” means a site or premises, or portion thereof, wherein a licensed massage therapist practices massage for compensation.
- (3) The term “business name” means the name under which the owner applies for the establishment license to provide massage therapy, if different from the name of the owner.

Specific Authority 480.035(7) FS. Law Implemented 480.043(7) FS. History–New 7-16-98, Amended 8-5-03.

64B7-26.002 Licensure of Massage Establishments.

(1) Each establishment, shall obtain a license from the Department as required by Section 480.043(1), Florida Statutes, by submitting a completed form BMT3 (Rev. 7/97) Application for License Massage Establishment, incorporated herein by reference, together with the fee set forth in Rule 64B7-27.003, F.A.C.

(2) The application for licensure shall be submitted in the name of the owner or owners of the establishment. If the owner is a corporation, the application shall be submitted in the name of the corporation and shall be signed by an authorized corporate representative.

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(3) An owner may operate an establishment under a name other than the name of the owner, provided such name is submitted to the Board on the application for licensure. Any advertisement by the establishment of massage therapy must include the business name, and must comply with Rule 64B7-33.001, F.A.C.

(4) The applicant shall submit proof confirming property damage and bodily injury liability insurance coverage for the proposed establishment. If the establishment is operated under a business name, the proof of insurance shall include both the name of the owner and the business name.

Specific Authority 480.035(7), 480.043(2) FS. Law Implemented 480.043(1), (2), 483.043(7) FS. History—New 11-27-79, Formerly 21L-26.02, Amended 1-7-86, Formerly 21L-26.002, Amended 3-9-95, 9-25-95, Formerly 61G11-26.002, Amended 7-16-98, 1-26-00.

64B7-26.003 Massage Establishment Operations.

(1) Facilities, Each establishment shall meet the following facility requirements:

(a) Comply with all local building code requirements.

(b) Provide for the use of clients a bathroom with at least one toilet and one sink with running water. Such facilities shall be equipped with toilet tissue, soap dispenser with soap or other hand cleaning materials, sanitary towels or other hand-drying device such as a wall-mounted electric blow dryer, and waste receptacle.

(c) Maintain toilet facilities in a common area of the establishment. Establishments located in buildings housing multiple businesses under one roof such as arcades, shopping malls, terminals, hotels, etc., may substitute centralized toilet facilities. Such central facilities shall be within three hundred (300) feet of the massage establishment.

(d) If equipped with a whirlpool bath, sauna, steam cabinet and/or steam room, maintain clean shower facilities on the premises.

(2) Personnel. A licensed massage therapist must be on the premises of the establishment if a client is in a treatment room for the purpose of receiving massage therapy.

(3) Safety and sanitary requirements. Each establishment shall:

(a) Provide for safe and unobstructed human passage in the public areas of the premises; provide for removal of garbage and refuse; and provide for safe storage or removal of flammable materials.

(b) Maintain a fire extinguisher in good working condition on the premises. As used herein “good working condition” means meeting the standards for approval by the State Fire Marshal. Such standards are presently contained in Chapter 69A-21, F.A.C.

(c) Exterminate all vermin, insects, termites, and rodents on the premises.

(d) Maintain all equipment used to perform massage services on the premises in a safe and sanitary condition, including the regular application of cleansers and bactericidal agents to the massage table. Unless clean sheets, towels, or other coverings are used to cover the massage table for each client, “regular application,” as used herein, means after the massage of each client. If clean coverings are used for each client, then “regular application” shall mean at least one time a day and also whenever oils or other substances visibly accumulate on the massage table surface.

(e) Maintain a sufficient supply of clean drapes for the purpose of draping each client while the client is being massaged, and launder before reuse all materials furnished for the personal use of the client, such as drapes, towels and linens. As used herein “drapes” means towels, gowns, or sheets.

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(f) Maintain lavatories for hand cleansing and/or a chemical germicidal designed to disinfect and cleanse hands without the use of a lavatory in the treatment room itself or within 20 feet of the treatment area.

(g) Maintain all bathroom and shower facilities and fixtures in good repair, well-lighted and ventilated.

(4) Financial responsibility and insurance coverage. Each establishment shall maintain property damage and bodily injury liability insurance coverage. The original or a copy of such policy shall be available on the premises of the establishment.

Specific Authority 480.035(7), 480.043(2) FS. Law Implemented 480.043(2) FS. History–New 11-27-79, Amended 10-13-81, 9-10-84, 9-25-85,

Formerly 21L-26.03, Amended 4-30-87, 6-12-89, 8-15-89, 5-31-92, 11-2-92, Formerly 21L-26.003, 61G11-26.003, Amended 2-16-99, 11-4-99,

6-8-00.

64B7-26.004 Inspection Upon Application for License.

Upon receipt of an application for a massage establishment license, employees of the Department shall cause an inspection to be made of the site. Such inspection shall be to confirm that the site is to be utilized for “massage” as defined by Section 480.033(4), Florida Statutes, and that the criteria enunciated in Rule 64B7-26.003, F.A.C., are satisfied.

Specific Authority 480.043(1), (2) FS. Law Implemented 480.043(2), (4) FS. History–New 11-27-79, Formerly 21L-26.04, 21L-26.004, Amended

1-9-95, 3-9-95, Formerly 61G11-26.004.

64B7-26.005 Periodic Inspections.

The Department shall make periodic inspections of all massage establishments licensed in this state no less than once each year.

Such inspection shall include, but not be limited to, whether the establishment is in compliance with Rule 64B7-26.003, F.A.C., governing the establishment’s operation facilities, personnel, safety, sanitary requirements, and a review of existing insurance coverage.

Specific Authority 480.043(2), (9) FS. Law Implemented 480.043 FS. History–New 11-27-79,

Formerly 21L-26.05, Amended 4-30-87, Formerly 21L-26.005, 61G11-26.005, Amended 1-26-00.

64B7-26.007 Transfer of Massage Establishment License.

(1) When there is no change of ownership or location, the owner may change the business name of the establishment. The owner shall apply for a change of business name by submitting a completed Application for Licensure-Massage Establishment, Form BMT3, effective 1/98, incorporated herein by reference, accompanied by the application fee provided in subsection 64B7-27.003(2), F.A.C. When a massage establishment business name is changed, without a change in ownership or location, a new establishment inspection is not required.

(2) When there is no change of ownership, the owner of a massage establishment may transfer the license from one location to another. The owner shall apply for a change of location by submitting a completed Application for Licensure-Massage Establishment, accompanied by the application fee provided in subsection 64B7-27.003(3), F.A.C. A massage establishment license may not be transferred from one location to another until after inspection by the department.

Specific Authority 480.035(7), 480.043(2), (9) FS. Law Implemented 480.043(2), (7), (9) FS.

History–New 5-17-90, Formerly 21L-26.007,

61G11-26.007, Amended 9-14-98.

64B7-26.010 Sexual Activity Prohibited.

(1) Sexual activity by any person or persons in any massage establishment is absolutely prohibited.

(2) No massage establishment owner shall engage in or permit any person or persons to engage in sexual activity in such owner's massage establishment or use such establishment to make arrangements to engage in sexual activity in any other place.

(3) No licensed massage therapist shall use the therapist-client relationship to engage in sexual activity with any client or to make arrangements to engage in sexual activity with any client.

(4) As used in this rule, "sexual activity" means any direct or indirect physical contact by any person or between persons which is intended to erotically stimulate either person or both or which is likely to cause such stimulation and includes sexual intercourse, fellatio, cunnilingus, masturbation, or anal intercourse. For purposes of this subsection, masturbation means the manipulation of any body tissue with the intent to cause sexual arousal. As used herein, sexual activity can involve the use of any device or object and is not dependent on whether penetration, orgasm, or ejaculation has occurred. Nothing herein shall be interpreted to prohibit a licensed massage therapist, duly qualified under Rule 64B7-31.001, F.A.C, from practicing colonic irrigation.

Specific Authority 480.035(7), 480.043(2) FS. Law Implemented 480.043(2), 480.046(1)(h) FS. History–New 5-31-92, Formerly 21L-26.010, 61G11-26.010.

CHAPTER 64B7-27 FEE SCHEDULE

64B7-27.002 Application for Licensure; Fees.

The application fee for licensure shall be a \$50 nonrefundable application fee.

Specific Authority 480.035(7), 480.044(1) FS. Law Implemented 480.044(1) FS. History–New 11-27-79, Amended 2-6-85, Formerly 21L-27.02, 21L-27.002, Amended 6-28-94, 11-22-94, 9-9-96, 1-29-97, Formerly 61G11-27.002, Amended 10-12-99, 5-5-04.

64B7-27.003 Massage Establishment.

(1) The application fee for licensure of an establishment shall be \$150.00.

(2) The application fee for change of the business name of an establishment is \$25.00.

(3) The application and inspection fee for transfer of an establishment from one location to another shall be \$125.00.

Specific Authority 480.035(7), 480.044(1) FS. Law Implemented 480.043(7), 480.044(1)(c) FS. History–New 11-27-79, Amended 7-9-80, 11-20-84, Formerly 21L-27.03, Amended 1-7-86, Formerly 21L-27.003, Amended 1-9-95, Formerly 61G11-27.003, Amended 6-15-98, 7-30-02.

64B7-27.004 Re-examination.

The re-examination fees shall be:

(1) The fee to retake the Board approved national examination shall be the same fee as the original examination.

(2) The fee to retake the colonics examination shall be the same fee as the original colonics examination.

Specific Authority 480.035(7), 480.044(1) FS. Law Implemented 480.044(1)(g) FS. History–New 11-27-79, Formerly 21L-27.04, Amended

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6-17-86, 5-17-90, Formerly 21L-27.004, Amended 12-12-94, 9-18-95, 9-9-96, Formerly 61G11-27.004, Amended 1-7-03.

64B7-27.005 Apprentice.

The apprentice application fee shall be one hundred dollars (\$100.00).

Specific Authority 480.044(1) FS. Law Implemented 480.044(1)(h) FS. History–New 11-27-79, Formerly 21L-27.05, 21L-27.005, 61G11-27.005, Amended 2-16-99.

64B7-27.006 Biennial Renewal Fee for Massage Therapist.

The fee for biennial renewal of a massage therapist’s license shall be \$150.00.

Specific Authority 480.035(7), 480.044(1) FS. Law Implemented 480.044(1), (1)(f) FS. History–New 11-27-79, Amended 11-20-84, Formerly 21L-27.06, Amended 12-18-88, Formerly 21L-27.006, 61G11-27.006, 7-30-02.

64B7-27.007 Biennial Renewal Fee for Massage Establishments.

The fee for biennial renewal of a massage establishment license shall be \$150.00.

Specific Authority 480.035(7), 480.044(1) FS. Law Implemented 480.044(1)(e) FS. History–New 11-27-79, Amended 7-9-80, Formerly 21L-27.07, Amended 12-18-88, Formerly 21L-27.007, 61G11-27.007, Amended 7-30-02.

64B7-27.008 Initial Fee for Licensure.

(1) Any person who is initially licensed pursuant to Rule 64B7-25.001, F.A.C., shall pay a fee of \$150.00.

(2) Any person who is initially licensed pursuant to Rule 64B7-25.004, F.A.C., shall pay a fee of \$150.00.

Specific Authority 456.013(2), 456.025(1), 480.035(7), 480.044(1) FS. Law Implemented 456.013(2), 456.025(1), 480.044(1) FS. History–New 5-13-82, Amended 11-11-82, 1-7-86, Formerly 21L-27.08, Amended 12-18-88, Formerly 21L-27.008, Amended 1-29-97, Formerly 61G11-27.008, Amended 7-30-02.

64B7-27.010 Renewal Fee for Inactive License.

The fee for renewal of an inactive license shall be \$150.00.

Specific Authority 480.0425, 480.044(1) FS. Law Implemented 480.044(1), (1)(l) FS. History–New 12-18-84, Formerly 21L-27.10, 21L-27.010, 61G11-27.010, Amended 7-30-02.

64B7-27.011 Reactivation Fee for Inactive License.

The fee for reactivation of an inactive license shall be one hundred fifty dollars \$150.00.

Specific Authority 480.0425 FS. Law Implemented 456.025(1), 456.036(4), 480.044(1)(l) FS. History–New 12-18-84, Formerly 21L-27.11, Amended 1-30-90, Formerly 21L-27.011, 61G11-27.011.

64B7-27.012 Licensure of Establishment Fee.

The fee for licensure of an establishment shall be \$150.00.

Specific Authority 456.013(2), 480.035(7), 480.044(1) FS. Law Implemented 456.013(2), 480.044(1)(d) FS. History–New 2-6-85, Formerly 21L-27.12, 21L-27.012, 61G11-27.012, Amended 8-16-98, 7-30-02.

64B7-27.014 Duplicate License Fees.

The fee for the issuance of a duplicate massage therapist license shall be twenty-five dollars (\$25.00). The fee for the issuance of a duplicate massage establishment license shall be twenty-

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five dollars (\$25.00).

Specific Authority 456.025(7) FS. Law Implemented 456.025(7) FS. History–New 1-30-90, Formerly 21L-27.014, 61G11-27.014.

64B7-27.015 Delinquency Fee.

The delinquency fee shall be \$150.00.

Specific Authority 456.036(7) FS. Law Implemented 456.036(7) FS. History–New 12-12-94, Formerly 61G11-27.015, Amended 7-30-02.

64B7-27.016 Change in Status Fee.

The change in status fee shall be \$50.00.

Specific Authority 456.036(8) FS. Law Implemented 456.036(8) FS. History–New 12-12-94, Formerly 61G11-27.016, Amended 7-30-02.

64B7-27.017 Unlicensed Activity Fee.

In addition to the initial license fee and in addition to the license renewal fee, a fee of \$5.00 shall be collected from each applicant or licensee as applicable to fund efforts to combat unlicensed activity.

Specific Authority 456.065(3) FS. Law Implemented 456.065(3) FS. History–New 7-30-02.

64B7-27.018 Fee for Retired Status License.

The fee for placing a license in retired status shall be \$50.00.

Specific Authority 456.036 FS. Law Implemented 456.036 FS. History–New 12-13-05.

64B7-27.019 Fee for Reactivation of Retired Status License.

The fee for reactivation of a retired status license shall be the same renewal fee that would be imposed on an active status licensee for all biennial licensure periods during which the licensee was on retired status.

Specific Authority 456.036 FS. Law Implemented 456.036 FS. History–New 12-13-05.

CHAPTER 64B7-28 BIENNIAL LICENSE RENEWAL

64B7-28.001 Biennial Renewal of Massage Therapist’s License.

(1) All license renewals for massage therapists shall meet the requirements as set forth in Chapters 456 and 480, F.S., these rules, and the rules of the Department of Health. All massage therapists shall renew their licenses on or before August 31, of each biennial year, according to the fee schedule as set forth in Chapter 64B7-27, F.A.C.

(2) No license shall be renewed unless the licensee submits confirmation on a department form that the licensee has completed an education course on HIV/AIDS which meets the requirements of Section 456.034, F.S. If the licensee has not submitted confirmation which has been received and recorded by the Board, the department shall not renew the license. The Board approves courses that have been approved by regulatory Boards or Councils under the Division of Medical Quality Assurance, the Agency for Health Care Administration, the Department of Health, the American Red Cross, or directly by the Board, and courses sponsored or presented by Board-approved Massage Schools.

(3) No license shall be renewed unless the licensee submits confirmation in writing to the Florida Board of Massage Therapy that the licensee has completed an education course of at least 2 hours relating to prevention of medical errors as part of the licensure and renewal process. The course must include a study of root-cause analysis, error reduction and prevention, and patient safety. The 2-hour course shall count toward the total number of continuing education hours required for renewal.

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Specific Authority 456.013(7), 456.034, 480.035(7), 480.0415, 480.044 FS. Law Implemented 456.013(7), 456.034, 480.0415, 480.044(1)(f), (m)

FS. History–New 11-27-79, Amended 12-18-84, Formerly 21L-28.01, Amended 3-12-90, 1-3-91, Formerly 21L-28.001, Amended 9-30-93,

6-12-95, 9-25-95, 7-17-97, Formerly 61G11-28.001, Amended 4-28-99, 7-30-02.

64B7-28.0015 Place of Practice Defined.

(1) The reporting requirements of Section 456.035, F.S., require each licensee to provide to the Board a current mailing address and a “place of practice.” The current mailing address and place of practice may be one and the same, or may be two different addresses if the licensee does not receive mail at his or her place of practice.

(2) “Place of practice” shall mean:

(a) A massage establishment maintained by the licensed massage therapist; or

(b) The massage establishment at which the licensed massage therapist provides massage therapy; or

(c) The medical office at which the licensed massage therapist provides massage therapy; or

(d) If the licensed massage therapist practices at more than one location, one such location as selected by the licensed massage therapist;

(e) If the licensed massage therapist provides massage therapy only at the location of clients, the place of practice is the residence address of the therapist.

Specific Authority 456.036 FS. Law Implemented 456.036 FS. History–New 2-15-96, Formerly 61G11-28.0015, Amended 11-25-97.

64B7-28.002 Biennial Renewal of Massage Establishment License.

All license renewals for massage establishments shall meet the requirements as set forth in Chapter 480, F.S., and these rules. All massage establishments shall renew their licenses on or before August 31 of each biennial year, according to the fee schedule as set forth in Rule 64B7-27.007, F.A.C., and the insurance coverage requirements of subsection 64B7-26.002(4), F.A.C. If, however, the massage establishment does not renew its license timely, the license shall be considered delinquent. If a massage establishment is operating with a delinquent license, said establishment is in violation of Section 480.047(1)(b), F.S., and is subject to the criminal penalties as provided for in Section 480.047(2), F.S. In order to renew a delinquent license, the massage establishment shall pay the

late fee for delinquent renewal in the amount of seventy-five dollars (\$75.00) as set forth in Section 480.044(2), F.S., and the biennial renewal fee as specified in Rule 64B7-27.007, F.A.C.

Specific Authority 480.035(7), 480.043(8), 480.044 FS. Law Implemented 480.043(8), 480.044(1)(e), 480.067(1)(b) FS. History–New 11-27-79, Formerly 21L-28.02, Amended 1-7-86, 1-30-90, 1-3-91, Formerly 21L-28.002, 61G11-28.002, Amended 9-21-04.

64B7-28.003 Biennial Period, Year Defined.

Biennial period shall mean September 1 of each odd-numbered year and ending August 31 of each odd-numbered year. Biennial year shall mean every odd-numbered year.

Specific Authority 480.035(7), 480.0415, 480.043(8) FS. Law Implemented 480.0415, 480.043(8) FS. History–New 11-27-79, Formerly 21L-28.03, Amended 1-7-86, 1-3-91, Formerly 21L-28.003, 61G11-28.003, Amended 7-30-02.

64B7-28.0041 Inactive Status and Renewal of Inactive Status.

(1) Any licensee may elect at the time of biennial license renewal to place the license into

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inactive status by filing with the Department a completed application for inactive status as set forth in Section 456.036, F.S., and the appropriate fee required by Rule 64B7-27.010, F.A.C.

(2) Inactive licenses must be renewed biennially including payment of the renewal fee set forth in Rule 64B7-27.010, F.A.C.

(3) An inactive license can be reactivated at any time provided the licensee meets the requirements of Rule 64B7-28.0042, F.A.C.

(4) An inactive licensee who elects to change to active status shall not be permitted to return to inactive status until the next biennial renewal period.

Specific Authority 456.036, 480.035(7), 480.0425(2) FS. Law Implemented 456.036, 480.0425 FS. History–New 9-18-95, Formerly 61G11-28.0041.

64B7-28.0042 Requirements for Reactivation of an Inactive License.

An inactive license shall be reactivated upon demonstration that the licensee has paid the reactivation fee set forth in Rule 64B7-27.011, F.A.C., and has complied with the following requirements:

(1) As a condition to the reactivation of an inactive license, a massage therapist must submit proof of having completed the appropriate continuing education requirements as set forth in Rule 64B7-28.009, F.A.C.

(2) However, any licensee whose license has been inactive for more than two consecutive biennial licensure cycles and who has not practiced for two out of the previous four years in another jurisdiction shall be required to appear before the Board and establish the ability to practice with the care and skill sufficient to protect the health, safety, and welfare of the public. At the time of such appearance, the licensee must:

(a) Show compliance with subsection (1) above;

(b) Account for any activities related to the practice of massage therapy in this or any other jurisdiction during the period that the license was inactive and establish an absence of malpractice or disciplinary actions pending in any jurisdiction;

(c) Prove compliance with Section 456.065, F.S., and subsection 64B7-28.001(2), F.A.C.

(3) The Department shall not reactivate the license of any massage therapist who has:

(a) Committed any act or offense in this or any other jurisdiction which would constitute the basis for disciplining a license pursuant to Section 480.046, F.S.

(b) Failed to comply with the provisions of Section 456.034, F.S., and subsections 64B7-28.001(2) and (3), F.A.C.

Specific Authority 456.034, 456.036(9), 480.035(7), 480.0425 FS. Law Implemented 456.034, 456.036(9), (10), 480.0425 FS. History–New 9-18-95, Formerly 61G11-28.0042, 10-12-03.

64B7-28.0043 Delinquent Status License.

(1) The failure of any license holder to either renew the license or elect inactive status before the license expires shall cause the license to become delinquent.

(2) The delinquent status licensee must affirmatively apply for active or inactive status during the licensure cycle in which the license becomes delinquent. The failure by the delinquent status licensee to cause the license to be renewed or made inactive before the expiration of the licensure cycle in which the license became delinquent shall render the license null and void without further action by the Board or the Department.

(3) The delinquent status licensee who applies for license renewal or inactive status shall:

(a) Apply to the department for either license renewal as required by Section 480.0415, F.S., or

inactive status as required by Section 456.036, F.S.

(b) Pay to the Board either the license renewal fee as set forth in Rule 64B7-27.006, F.A.C., or the inactive status fee as set forth in Rule 64B7-27.010, F.A.C.; the delinquency fee as set forth in Rule 64B7-27.015, F.A.C., and the change of status fee as set forth in Rule 64B7-27.016, F.A.C., if applicable; and

(c) If renewal is elected, demonstrate compliance with the continuing education requirements found in Rule 64B7-28.009, F.A.C. *Specific Authority 456.036(6), (7), 480.035(7), 480.0415 FS. Law Implemented 456.036(6), (7), 480.0415 FS. History–New 9-18-95, Formerly 61G11-28.0043.*

64B7-28.0044 Retired Status and Reactivation of Retired Status License.

(1) A licensee may place an active or inactive license in retired status at any time. If the license is placed in retired status at the time of renewal the licensee shall pay the retired status fee set forth in Rule 64B7-27.018, F.A.C. If the licensee chooses to place the license in retired status at any time other than at the time of license renewal the licensee shall pay a change of status processing fee of \$50.00 and the retired status fee.

(2) A licensee may reactivate a retired status license at any time, subject to meeting the following requirements:

(a) Paying the reactivation fee described at Rule 64B7-27.019, F.A.C.;

(b) Demonstrating satisfaction of the continuing education requirements that would have been imposed on an active status licensee under this title for each licensure biennial period in which the licensee was on retired status.

Specific Authority 456.013, 456.034, 456.036, 480.035(7), 480.0415, 480.044 FS. Law Implemented 456.013, 456.034, 456.036, 480.0415, 480.044 FS. History–New 1-26-06.

64B7-28.007 Exemption of Spouses of Members of Armed Forces From Licensure Renewal Provisions.

A licensee who is the spouse of a member of the Armed Forces and was caused to be absent from Florida for a period of at least six consecutive months because of the spouse's duties with the armed forces and who at the time the absence became necessary was in good standing with the Board of Massage and entitled to practice massage in Florida shall be exempt from all licensure renewal provisions under these rules. The licensee must show satisfactory proof of the absence and the spouse's military status.

Specific Authority 456.024(2) FS. Law Implemented 456.024(2) FS. History–New 12-18-84, Formerly 21L-28.07, 21L-28.007, Formerly 61G11-28.007.

64B7-28.008 Display of Licenses.

(1) Each licensed practitioner shall conspicuously display a current license issued by the Department, or photo copy thereof, at each location at which he or she practices.

(2) Each apprentice shall conspicuously display his or her apprentice certificate issued by the Board office, in the establishment for which it has been issued.

(3) The owner of each massage establishment shall conspicuously display a current establishment license issued by the Department on the premises.

Specific Authority 480.035(7) FS. Law Implemented 480.043(1) FS. History–New 4-21-86, Formerly 21L-28.008, 61G11-28.008, Amended 1-26-00.

64B7-28.009 Continuing Education.

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(1) Every massage practitioner licensed pursuant to Chapter 480, F.S., shall be required for renewal to complete one continuing education hour for each month or part of a month that shall have elapsed since the issuance of the license for which renewal is sought, up to a maximum requirement of 24 hours for the renewal period. Such courses shall have been approved for continuing education credit pursuant to Rule 64B7-28.010, F.A.C., and shall have been completed within the renewal period preceding the date renewal is due. Every massage practitioner must obtain the continuing education required for biennial renewal of the massage therapist's license as set forth in Rule 64B7-28.001, F.A.C. Graduates of a Board approved massage school who received two hours of education in Chapters 480 and 456, F.S., and Rule Chapter 64B7, F.A.C., and two (2) hours of professional ethics prior to initial licensure shall not be required to complete additional continuing education in the same subject matter for initial renewal of the license.

(2) All continuing education requirements may be met by correspondence/home study courses, tape and/or video cassette courses, provided the course requires passing a test to be graded by the provider and the passing score is verified by the provider of the course. Video cassette courses shall not exceed 5 hours per subject and must meet the requirements of Rule 64B7-28.010, F.A.C. The vendor and the licensee shall verify in writing that all requirements of paragraph 64B7-28.010(2)(c) or (d), F.A.C., have been met. Such verification/validation shall clearly indicate the course is a "correspondence/home study course/tape or videocassette course" and that the licensee passed the course in order to be accepted as proof of attendance.

(3) Effective for the biennium beginning September 1, 2001, the continuing education contact hours shall be in the following areas:

(a) At least 12 continuing education hours shall be relevant to and focus on massage therapy techniques, which may include history of massage therapy, human anatomy, physiology, kinesiology, and/or pathology.

(b) Except as provided in subsection 64B7-28.009(1), F.A.C., two hours must cover instruction in professional ethics, two hours must be in a course relating to the prevention of medical errors, and two hours must cover instruction in Chapters 480 and 456, F.S., and Rule Chapter 64B7, F.A.C.

(c) The remaining hours may include courses on communications with clients and other professionals, insurance relating to third party payment or reimbursement for services, psychological dynamics of the client-therapist relationship, risk management, including charting, documentation, record keeping, or infection control (other than the HIV/AIDS course required by Section 456.034, F.S.), or massage practice management. The remaining hours may also include up to 4 hours credit for adult cardio-pulmonary resuscitation (CPR), provided the course is sponsored by the American Red Cross, the American Heart Association or the American Safety and Health Institute, or is instructed by persons certified to instruct courses for those organizations.

(4) The licensee shall retain, for not less than four years, such receipts, vouchers or certificates as are necessary to document completion of the continuing education stated on the renewal application.

(5) At the end of each biennium, the Board will audit a number of randomly selected licensees to assure that the continuing education requirements have been met. Within 21 days of a request from the Board or Department, the licensee must provide written documentation that the continuing education requirements have been met.

Specific Authority 456.013(7), (8), (9), 480.035(7), 480.0415 FS. Law Implemented 456.013(7),

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(8), (9), 480.0415 FS. History–New 4-21-86, Amended 2-25-88, 8-29-88, 1-30-90, 10-2-90, Formerly 21L-28.009, Amended 8-16-94, 6-5-95, 2-12-97, Formerly 61G11-28.009, Amended 8-16-98, 3-15-99, 9-20-99, 11-28-02, 2-13-05.

64B7-28.0095 Continuing Education for Pro Bono Services.

(1) Up to 6 hours of continuing education per biennium may be awarded for the performance of pro bono services to the indigent, underserved populations or in areas of critical need within the state where the licensee practices. The standard for determining indigence shall be that recognized by the Federal Poverty income guidelines produced by the United States Department of Health and Human Services.

(2) In order to receive credit under this rule, the licensee must receive prior approval from the Board by submitting a formal request for approval, which must include the following information:

- (a) The type, nature and extent of services to be rendered;
- (b) The location where the services will be rendered;
- (c) The number of patients expected to be served; and
- (d) A statement indicating that the patients to be served are indigent underserved or in an area of critical need.

(3) Credit shall be given on an hour per hour basis.

(4) Approval for pro bono services is only granted for the biennium for which it is sought. The licensee must request approval for each biennium they wish to receive credit for pro bono services.

Specific Authority 456.013, 480.0415 FS. Law Implemented 456.013, 480.0415 FS. History–New 5-5-04.

64B7-28.010 Requirements for Board Approval of Continuing Education Programs.

(1) For the purpose of renewing or reactivating a license credit will be approved for programs which are offered by providers whose programs are approved by the Board. In order to receive Board approval to provide one or more programs, an applicant shall:

(a) Submit a completed Massage Continuing Education Programs Provider Registration Application, BMT-B, and

Supplemental Program/Instructor Information, BMT-C, incorporated herein by reference, and a non-refundable application fee of \$250.00. The forms will be effective 12-13-05, copies of which may be obtained from the Board office at: 4052 Bald Cypress Way, BIN #C06, Tallahassee, Florida 32399-3256.

(b) Sign and abide by written agreement to:

1. Provide an identifiable person to be responsible for ensuring that each program presented under their Board of Massage Therapy provider registration number meets program requirements set forth in subsection (2) below.

2. Retain a “sign-in-sheet” with the signature of participants and copies of any promotional materials for at least 4 years following the course.

3. Provide each participant with a certificate of attendance verifying the program has been completed. The certificate shall not be issued until completion of the program and shall contain the provider’s name and registration number, title of program and program number, instructor, date, number of contact hours of credit, the licensee’s name and license number.

4. Notify the Board of any significant changes relative to the maintenance of standards as set

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forth in these rules.

(2) Each continuing education program presented for license renewal credit or to satisfy initial licensure requirements shall:

(a) Meet the standards of subsection 64B7-28.009(2), paragraph (3)(a), (b) or (c), F.A.C.;

(b) Have stated learning objectives;

(c) Be instructed by a person who meets at least one of the following criteria:

1. Holds a minimum of a bachelor's degree from a college or university which is accredited by a regional accrediting body recognized by the U.S. Department of Education or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered, or

2. Has graduated from a school of massage or an apprenticeship program which has a curriculum equivalent to requirements in this state and was approved by a state licensing authority, a nationally recognized massage therapy association, or a substantially equivalent accrediting body, or the Board, and has completed three years of professional experience in the practice of massage, and

a. Has, within the last five years of practical experience, had a minimum of two years teaching experience in the subject matter to be offered, or

b. Has taught the same courses on this approved subject a minimum of 3 times in the past 2 years before a professional convention, professional group or at a massage therapy school, or

c. Has completed specialized training in the subject matter and has a minimum of two years of practical experience in the subject, or

3. Is licensed as a massage therapist in another state or foreign sovereign state having standards of education or apprenticeship training substantially similar to or more stringent than those required for licensure in Florida and has practiced massage therapy for a minimum of 10 years, and

a. Has, within the last five years of practical experience, had a minimum of two years teaching experience in the subject matter to be offered, or

b. Has taught the same courses on this approved subject a minimum of 3 times in the past 2 years before a professional convention, professional group or at a massage therapy school, or

c. Has completed specialized training in the subject matter and has a minimum of two years of practical experience in the subject, or

4. Has taught at a school of massage which has a curriculum equivalent to requirements in this state and was approved by a state licensing authority, a nationally recognized massage therapy association, or a substantially equivalent accrediting body, or the Board for a minimum of two years, and

a. Has, within the last five years of practical experience, had a minimum of two years teaching experience in the subject matter to be offered, or

b. Has taught the same courses on this approved subject a minimum of 3 times in the past 2 years before a professional convention, professional group or at a massage therapy school, or

c. Has completed specialized training in the subject matter and has a minimum of two years of practical experience in the subject.

(d) Provided, however, that approved courses in areas other than massage theory, history, and techniques may be instructed by a person who meets at least one of the following criteria:

1. Holds a minimum of a bachelor's degree from a college or university which is accredited by a

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regional accrediting body recognized by the U.S. Department of Education or a substantially equivalent accrediting body of a foreign sovereign state, with a major in a subject directly related to the content of the program to be offered, or

2. Has, within the last five years of practical experience, had a minimum of two years teaching experience in the subject matter to be offered, or

3. Has taught the same courses on this approved subject a minimum of 3 times in the past 2 years before a professional convention, professional group, or at a massage therapy school, or

4. Has completed specialized training in the subject matter and has a minimum of two years of practical experience in the subject.

(3) The Board retains the right and authority to audit and/or monitor programs given by any provider. The Board will reject individual programs given by a provider if the provider has disseminated any false or misleading information in connection with the continuing education program, or if the program provider has failed to conform to and abide by the written agreement and rules of the Board.

(4) One hour of continuing education is defined as no less than 50 uninterrupted minutes of learning.

(5) Presenters/moderators/instructors of courses shall not receive credit for courses they present.

(6) A provider of Board approved programs must submit a completed application for supplemental courses, form # BMT-B and

C, to the Board office prior to offering such courses for credit. The submitted information must also identify any new continuing education instructor and show that such instructor meets the criteria set forth in this rule. Whenever an instructor and his/her course have obtained approval by the Board, the instructor may teach the course at any time, in whole or in part, so long as the materials being taught do not deviate from the course materials originally approved, there is no change of instructor, and the documentation of attendance clearly indicates the original course approval number and the hours of credit given for this version of the course.

Therefore, the number of continuing education hours awarded for the course may be the original number of hours approved, or less.

An increase of the number of continuing education hours awarded will require submission of form # BMT-B for approval of a course.

(7) A provider of Board approved programs must revise and update all course materials that are affected by changes occurring during the biennial renewal period. The Board will rescind approval of any program that is found to be obsolete, erroneous, and/or outside the scope of practice, or if the Board determines the program provider has violated the Board's rules or Chapter 456 or 480,

F.S. The revised course materials must be submitted with the biennial renewal form and renewal fee.

(8) Provider registration numbers must be renewed biennially on or before August 31 of the biennial renewal year. The provider must return the renewal form provided by the department together with a renewal fee of \$250.00. If the renewal form and renewal fee are not received by the department on or before August 31 of the biennial year, the provider must submit a new application for approval of any continuing education programs offered for license renewal or initial licensure requirements, and, if any programs are approved, receive a new provider registration number.

(9) The following courses, that meet the criteria for approval under this section, are approved by

the Board:

(a) Organized and accepted courses of study offered by providers approved by the National Certification Board for Therapeutic Massage and Bodywork; and

(b) Organized courses offered by a Board Approved Massage School.

Specific Authority 456.013(8), (9), 456.025(7), 456.036, 480.035(7), 480.0415 FS. Law Implemented 456.013(8), (9), 456.025(7), 456.036,

480.0415 FS. History—New 4-21-86, Amended 9-14-87, 8-29-88, 2-8-89, 3-12-90, 1-3-91, Formerly 21L-28.010, Amended 9-30-93, 8-16-94,

6-12-95, 2-12-97, Formerly 61G11-28.010, Amended 2-18-98, 10-26-98, 9-20-99, 11-4-99, 11-21-02, 10-12-03, 12-13-05, 7-5-06.

CHAPTER 64B7-29 APPRENTICESHIP

64B7-29.001 Definitions.

(1) “Apprentice” means a person meeting the qualifications stated in Rule 64B7-29.002, F.A.C., studying massage under the “direct supervision” of a “sponsoring massage therapist”.

(2) “Sponsoring massage therapist” means a licensed massage therapist whose record with the Department indicates compliance with Chapters 456 and 480, F.S., and the rules promulgated thereunder. Further, a “sponsoring massage therapist” must have been engaged in the actual practice of massage for at least three (3) years prior to his “sponsorship”.

(3) “Sponsorship” means the willingness of a “sponsoring massage therapist” to assume the responsibility for the “direct supervision” of only one apprentice by execution of the Sponsor’s Apprentice Application.

(4) “Direct supervision” means the control, direction, instruction, and regulation of an apprentice at a “qualified massage establishment” during the working hours of the establishment.

(5) “Qualified massage establishment” means a licensed massage establishment which, in addition to meeting the requirements of Chapter 64B7-26, F.A.C., is equipped with the following:

(a) Tables.

(b) Linen and storage areas.

(c) Colonic equipment (required if colonic irrigation is taught).

(d) Sterilization equipment if non-disposable colonic attachments are utilized.

(e) Hydro-therapy equipment, which must include cold packs and hot packs.

Such equipment shall be that which is generally acceptable in the massage profession.

(f) Textbooks and teaching materials on the following subjects:

1. Physiology,

2. Anatomy,

3. Theory of Massage,

4. Hydro-therapy,

5. Statutes and Rules on Massage Practice,

6. Colonic Irrigation (if colonic equipment is present).

Specific Authority 480.035(7), 480.041(4)(b) FS. Law Implemented 480.041(4)(b) FS. History—New 11-27-79, Amended 12-18-84, Formerly

21L-29.01, Amended 4-7-86, 12-22-92, Formerly 21L-29.001, 61G11-29.001, Amended 10-27-

99.

64B7-29.002 Qualification.

Persons seeking to be apprentices shall meet the following requirements:

- (1) The applicant must have secured the sponsorship of a sponsoring massage therapist.
- (2) The applicant must complete the application furnished by the Department and pay the fee set forth in Rule 64B7-27.005, F.A.C.
- (3) The applicant may not be enrolled simultaneously as a student in a Board-approved massage school.

Specific Authority 480.035(7), 480.041(4)(b) FS. Law Implemented 480.041(4)(b), 480.047(1) FS. History—New 11-27-79, Amended 7-9-80, Formerly 21L-29.02, 21L-29.002, Amended 10-20-96, Formerly 61G11-29.002, Amended 10-27-99.

64B7-29.003 Apprenticeship Training Program.

(1) All apprenticeship training shall be conducted by the licensed sponsoring massage therapist, in a qualified massage establishment licensed pursuant to Section 480.043, F.S.

(2) Apprenticeship training shall be 12 months in duration and shall be completed within 24 months of commencement. The apprentice shall complete within the first quarter of the apprenticeship training program:

- (a) 100 hours of study in Physiology,
- (b) 100 hours of study in Anatomy, and
- (c) 15 hours of study in Statutes and Rules of Massage Practice.

(3) Course of Study for Apprentices, which incorporates that required in (2)(a), shall be as follows:

- (a) 300 hours of Physiology.
- (b) 300 hours of Anatomy.
- (c) 20 hours of Theory and History of Massage.
- (d) 50 hours of Theory and Practice of Hydro-Therapy.
- (e) 5 hours of Hygiene.
- (f) 25 hours of Statutes and Rules of Massage Practice.
- (g) 50 hours of Introduction to Allied Modalities.
- (h) 700 hours of Practical Massage.
- (i) 3 hours of Board-approved HIV/AIDS instruction.

(4) The sponsoring massage therapist shall maintain at the establishment a daily record of hours completed by the apprentice in each of the areas listed in subsection (3) above. This record shall be available for inspection during regular business hours and shall be inspected by a representative of the Department at least once within 12 months from the commencement of the apprenticeship.

(5) The sponsoring massage therapist shall submit to the Department, quarterly, on a form furnished by the Department, the number of hours of each subject listed above taught to his apprentice. A copy of the Massage Apprenticeship Quarterly Report Hours of Training Completed Form prepared and furnished by the Department of Health can be obtained by writing to: Department of Health, Board of Massage, 4052 Bald Cypress Way, Bin C06, Tallahassee, Florida 32399-3256. If quarterly reports are not submitted to the Department as required herein, the Board will review the apprenticeship and the apprenticeship shall be terminated.

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(6) A graduate of a board-approved massage school who enters the apprenticeship training program, at any time after he has taken the initial licensure examination or subsequent re-examinations thereafter, must complete the entire program as required above prior to taking subsequent re-examinations. Any applicant who enters the apprenticeship training program and terminates the program is prohibited from taking the licensure examination for 1 year from the date of termination. An individual may be exempted from this provision if he terminates the apprenticeship training program and subsequently completes a program at a board-approved massage school.

Specific Authority 480.035(7), 480.041(1)(b), (4) FS. Law Implemented 480.041(1)(b), (4) FS. History–New 11-27-79, Amended 11-25-80, 12-18-84, Formerly 21L-29.03, Amended 4-7-86, 11-4-86, 12-22-92, Formerly 21L-29.003, Amended 6-5-95, Formerly 61G11-29.003, Amended 11-21-02.

64B7-29.004 Termination.

(1) If an apprentice terminates his apprenticeship, the sponsoring massage therapist shall so notify the Department, on a form furnished by the Department, within ten (10) days.

(2) If any violation of Chapter 480 or 456, F.S., or rules set forth in Chapter 64B7, F.A.C., is found subsequent to Department inspection of the “qualified massage establishment” as defined under Rule 64B7-29.001, F.A.C., the apprenticeship shall be tolled

until such time as the violation(s) is corrected or disposition in the case is made. If the disposition of the case resulted in disciplinary action by the Board, the Board will require that the “sponsor” and the “apprentice” appear before the Board for the purpose of determining compliance with the apprenticeship training program requirements of Rule 64B7-29.003, F.A.C.

Specific Authority 480.035(7), 480.041(1)(b), (4) FS. Law Implemented 480.041(1)(b), (4) FS. History–New 11-27-79, Formerly 21L-29.04, 21L-29.004, 61G11-29.004, Amended 11-21-02.

64B7-29.005 Extension of Apprenticeship.

An apprenticeship may be extended under the following conditions:

(1) Apprenticeships completed prior to an examination date may, upon notification by the sponsoring massage therapist to the Department, automatically be extended until the date examination results are released.

(2) If an applicant fails the first examination after his apprenticeship is completed, the Department may grant an extension of the apprenticeship with the concurrence of the sponsoring massage therapist.

(a) The apprentice must appear at the next scheduled examination for licensure.

(b) The extension of the apprenticeship shall expire upon written notification by the Department that the apprentice has failed the re-examination or on the date of the scheduled examination, should the applicant fail to appear.

Specific Authority 480.035(7), 480.041(5)(a) FS. Law Implemented 480.032, 480.041(1)(b), (5)(a) FS. History–New 11-27-79, Amended 11-11-82, Formerly 21L-29.05, Amended 11-4-86, Formerly 21L-29.005, 61G11-29.005.

64B7-29.006 Change of Sponsoring Massage Therapist.

If for any reason the sponsoring massage therapist is no longer able to sponsor an apprentice, the sponsoring massage therapist shall so notify the Department, on a form furnished by the Department, within ten (10) days. If the apprentice desires to remain in the apprenticeship program he or she must secure the sponsorship of another sponsoring massage therapist. The

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apprentice shall receive credit for training received from the prior sponsoring massage therapist.
Specific Authority 480.041(5)(a) FS. Law Implemented 480.041(1)(b), (5)(a) FS. History–New 11-27-79, Formerly 21L-29.06, 21L-29.006, 61G11-29.006.

64B7-29.007 Colonics Training through Apprenticeship.

A massage practitioner shall instruct another individual in colonics only under the following conditions:

- (1) The trainee must be either:
 - (a) Licensed to practice massage under Chapter 480, F.S.,
 - (b) Approved as an apprentice under Chapter 64B7-29, F.A.C., or
 - (c) A student in a Board-approved massage school.
- (2) The instructor, hereafter called sponsor, must be currently licensed under Chapter 480, F.S., and authorized to practice colonics under Chapter 64B7-31, F.A.C. The sponsor must have been actively engaged in the practice of colonics for a minimum of 3 years.
- (3) The training shall take place in a massage establishment licensed under Chapter 480, F.S., which contains the following equipment:
 - (a) Colonic equipment.
 - (b) Disposable colonic attachments or sterilization equipment for non-disposable attachments.
- (4) The licensee or apprentice who will receive colonics instruction must receive advance approval for such instruction from the Department. Such approval may be obtained in the following manner:
 - (a) If the applicant is a currently licensed massage practitioner or a student at a Board-approved massage school, application for “colonics only” apprenticeship on forms provided by the Department must be submitted. The applicant will be required to submit the apprentice fee as set forth in Rule 64B7-27.005, F.A.C.
 - (b) An unlicensed applicant for apprenticeship training may apply for colonics training approval, in addition to course work required under Rule 64B7-29.003, F.A.C.
- (5) The apprentice shall complete colonics training within 24 months of approval by the Department.
- (6) The sponsor shall certify training is complete on a Colonics Apprenticeship Report form provided by the Department when the apprentice has completed 100 hours of training in the subject, including 45 hours of clinical practicum as required by subsection 64B7-31.001(2), F.A.C. The form BOM-1 is hereby incorporated by reference and will be effective 7-3-97, copies of which may be obtained from the Board office at the 4052 Bald Cypress Way, Tallahassee, Florida 32399-3256.

Specific Authority 480.035(7), 480.041(5)(c) FS. Law Implemented 480.041(5)(c) FS. History–New 4-21-86, Formerly 21L-29.007, Amended 7-3-97, Formerly 61G11-29.007.

CHAPTER 64B7-30 DISCIPLINE

64B7-30.001 Misconduct and Negligence in the Practice of Massage Therapy.

The following acts shall constitute the failure to practice massage therapy with that level of care, skill, and treatment which is recognized by a reasonably prudent similar massage therapist as being acceptable under similar conditions and circumstances:

- (1) Administering treatment in a negligent manner.
- (2) Violating the confidentiality of information or knowledge concerning a client.
- (3) Offering massage therapy at a sports event, convention or trade show without obtaining the

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written approval of the owner or property manager of the site at which the sports event, convention or trade show is held.

(4) Failure to explain expected draping techniques to a client. As used in this rule, draping means towels, gowns, sheets or clothing.

(5) Failure to appropriately drape a client. Appropriate draping of a client shall include draping of the buttocks and genitalia of all clients, and breasts of female clients, unless the client gives specific informed consent to be undraped.

Specific Authority 480.035(7), 480.046(1)(h) FS. Law Implemented 480.032, 480.046(1), (1)(h), (2) FS. History—New 9-5-84, Amended 9-25-85, 1-1-86, Formerly 21L-30.01, Amended 3-26-87, 1-29-89, 11-15-92, Formerly 21L-30.001, Amended 2-13-95, Formerly 61G11-30.001, Amended 9-14-98.

CHAPTER 64B7-31 COLONIC IRRIGATION

64B7-31.001 Colonic Irrigation.

(1) Intent.

(a) The Board of Massage finds that the colonic irrigation procedures, while falling directly within the scope of Chapter 480, Florida Statutes, presents a substantial danger to the public if performed by incompetent practitioners.

(b) The Board of Massage further finds that a significant proportion of licensees do not perform the colonic procedure and further that a significant proportion of those desiring to enter the profession do not intend to engage in the practice of colonics.

(c) This rule is promulgated to ensure that only those who have been determined duly qualified to practice colonic irrigation may do so in an effort to protect the health, safety and welfare of the public.

(2) Prior to the practice of colonic irrigation, any licensed massage therapist, or apprentice shall be required to present certification to the Board of successful completion of examination by a Board approved massage school after completion of a supervised classroom course of study in colonic irrigation or in the case of a duly authorized apprenticeship training program, evidence of having completed 100 hours of colonic irrigation training, including a minimum of 45 hours of clinical practicum with a minimum of 20 treatments given.

(3) Prior to the practice of colonic irrigation, any licensed massage therapist, or apprentice shall be required to successfully complete and pass the colonic irrigation examination administered by the Department of Health.

(4) Any licensed massage therapist whose license has been in an inactive or retired status for more than two consecutive biennial licensure cycles shall be required to successfully complete and pass the colonic irrigation examination administered by the Department prior to resuming the practice of colonic irrigation.

(5) Any applicant for massage therapist licensure or licensed massage therapist, who in conjunction with previous massage therapist licensure was certified to practice colonics, shall be required to successfully complete and pass the colonics examination administered by the Department prior to practicing colonic irrigation.

Specific Authority 456.036, 480.035(7), 480.041(4) FS. Law Implemented 456.036, 480.032, 480.033, 480.041(4) FS. History—New 12-18-84, Formerly 21L-31.01, Amended 1-30-90, 2-13-91, Formerly 21L-31.001, 61G11-31.001, Amended 1-26-00, 5-5-04, 2-27-06.

CHAPTER 64B7-33 ADVERTISEMENT

64B7-33.001 Advertisement.

- (1) Each massage therapist or massage establishment licensed under the provisions of this act shall include the number of the license in any advertisement of massage services.
- (2) Any advertisement of massage services in any advertising medium as defined herein shall include the license number of each licensed massage therapist and each licensed massage establishment whose name appears in the advertisement.
- (3) For purposes of this rule, “advertising medium” means: any newspaper, airwave or computer transmission, telephone directory listing other than a listing for which no additional advertising charge is made, business card, handbill, flier, sign other than a building directory listing all building tenants and their room or suite numbers, or other form of written advertising.
- (4) No provision herein shall be construed to prohibit the use of a properly registered corporate or fictitious name, if registered according to Florida Law.

Specific Authority 480.035(7) FS. Law Implemented 480.046(1)(d), (f), 480.0465 FS. History– New 12-7-92, Formerly 21L-33.001, Amended 2-13-95, 7-13-97, Formerly 61G11-33.001, Amended 11-21-02, 12-13-05.

New Rules and Regulations for Massage Therapists

Rule Numbers 64B-5.001 and 64B-5.002 (for the electronic CE tracking system) were filed with the Department of State for adoption. The Department's proposed new rule 64B-5.001, F.A.C., establishes definitions necessary to implement the electronic CE tracking system rule. Proposed new rule 64B-5.002, F.A.C., establishes the form and procedures for provider submission of program information and licensee program completion data, and for licensee self-submission of program data. Finally, addresses are provided for the submission of the required information.

The rules went into effect on March 15, 2005 (see the rule below). As of March 15, 2005 it is mandatory by statute and rule that all approved providers must electronically submit their course and program information through CE Broker. Also, all approved providers must submit licensee program completion data through CE Broker within 90 days of program completion.

THE FULL TEXT OF THE RULE IS:

CHAPTER 64B-5 CONTINUING EDUCATION

64B-5.001 Definitions.

64B-5.002 Submission of Program Information, Submission of Licensee Program Completion Data, Licensee Self-Submission, Address.

64B-5.001 Definitions.

For the purposes of this rule chapter, the following definitions will apply:

(1) "Approved provider" means a person approved by a board, or the department when there is no board, to provide continuing education or whose continuing education program has been approved by a board, or the department when there is no board.

"Approved provider" also means an institution of higher learning or a school approved by a board, or the department when there is no board, to provide continuing education or whose continuing education program has been approved by a board, or the department when there is no board.

(2) "Continuing education (CE) tracking system" means the Department of Health designated electronic system through which approved providers and licensees submit necessary information on program attendance.

(3) "Program" includes a class, seminar, lecture, presentation, symposium, convention at which continuing education is presented by a professional trade association, self-study or home-study hours, or other activity offered for the purpose of complying with continuing education requirements established in statute or rule approved by the board or the department when there is no board.

(4) "Electronically" refers to the submission of information and data via the Internet.

(5) "Maximum Allowable" refers to the total number of hours that a licensee can possibly earn for attending an approved provider program.

(6) "Hours Earned" refers to the total number of hours that a licensee is awarded during the approved provider program.

(7) "Mandatory Hours" refers to those specific hours, which are designated by law or by board rule, or by rule of the department when there is no board, as mandatory.

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Specific Authority 456.004(1), (5), 456.025(7) FS. Law Implemented 456.013(9), 456.025(7) FS. History–New 3-15-05.

64B-5.002 Submission of Program Information, Submission of Licensee Program Completion Data, Licensee Self-Submission, Address.

For the purposes of implementing and maintaining the CE tracking system, the following requirements apply:

(1) Submission of program information. Unless otherwise provided by rule of a board or the department when there is no board, prior to the date a program is to be offered, all approved providers must electronically submit the following program information through the CE tracking system: the provider name, the name of the program, when the program is being offered, and the maximum allowable credit hours approved by the board or the department when there is no board according to procedures set forth in the rules of each board or by the department when there is no board. Upon receipt of such information the CE tracking system will assign a program number for the purpose of tracking each continuing education program, or at an approved provider's request, the CE tracking system can use a program number convenient to and assigned by the approved provider or a board.

Program information can be updated, as necessary, by the approved provider up until the day the program is offered.

(2) Submission of licensee program completion data; licensee self-submission.

(a) All approved providers shall submit licensee program completion data through the CE tracking system within ninety (90) days of program completion, unless otherwise provided by rule of a board or the department when there is no board. Required information includes the provider number, the program name, the number for the program assigned by the CE tracking system or the number provided to the CE tracking system by the approved provider or a board, the date the program was completed and the license numbers of licensees who participated in the program. The approved provider may submit the total hours earned during the program by each licensee without specifically delineating the individual courses or lectures constituting the total. The approved provider shall specifically list the licensee's completion of any subject hours mandated by law.

(b) Such licensee program completion data shall be submitted electronically through the CE tracking system by using either the designated spreadsheet format, the designated text file format, entering the data directly to the CE tracking system, using a compatible format, or through submission of the scan card which is hereby incorporated by reference and effective, all of which are available through the Department of Health at the internet or street address in subsection (4) below. The scan card shall contain the appropriate designation for submission of detailed information for each profession's required continuing education and mandatory hours, and shall be completed according to the instructions on the scan card.

(c) Licensees may, at their option, self-report any CE hours earned electronically to the internet address in subsection (4) below. Licensees shall not be charged any fees for electronically self-reporting CE hours through the CE tracking system. A board or the department when there is no board may restrict, by rule, which hours may be self-reported.

(3) An approved provider or licensee who unsuccessfully attempts to electronically submit any information as provided in this rule, has the option of submitting that information in one of the formats specified in subsection (2) together with a statement regarding the unsuccessful attempted compliance. It must be sent by certified U.S. mail as indicated in subsection (4). Such submission will meet the requirements of this rule.

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(4) Address. All information and data required by this rule shall be submitted electronically to the following Internet address: <https://www.cebroke.com>. For the purposes of subsection (3), the information may be mailed to the CE Tracking Unit, Division of Medical Quality Assurance, Department of Health, 4052 Bald Cypress Way, Bin #C00, Tallahassee, FL 32399-3250.

Specific Authority 456.004(1), (5), 456.025(7) FS. Law Implemented 456.013(9), 456.025(7) FS. History–New 3-15-05.

Answering sheet

Practice test

Please mark the correct answer

1. The practice of Massage Therapy in Florida is regulated by:
 - A. The Florida Statutes
 - B. The Florida Administrative Codes
 - C. The Congress of the United States
 - D. All of the above
 - E. Only A and B

2. The practice of Massage Therapy in Florida is regulated because:
 - A. The US Congress deems that massage is potentially dangerous
 - B. Massage Schools need to guarantee that their graduates get a license
 - C. The public needs to be protected from unqualified practitioners
 - D. None of the above

3. According to the Florida Statutes' definition of the profession, a massage therapist is licensed to:
 - A. Make spinal adjustments under the supervision of a chiropractor
 - B. Apply colonic irrigation or electro-stimulation after receiving training
 - C. Open a massage school
 - D. Open a massage establishment

4. Health professionals whose practice includes massage (doctors, nurses) need a Massage Therapy license before they receive monetary compensation for providing massage.
True _____ False _____

5. The Board of Massage Therapy's function is:
 - A. To enforce laws, rules and regulations pertaining to massage practice
 - B. To enforce the code of ethics for massage therapists
 - C. To propose new laws regarding licensure
 - D. All of the above
 - E. None of the above

6. Any person is qualified for licensure as massage therapist if:
 - A. Is at least 17 years, has a high school diploma and has studied massage.
 - B. Has completed a 500-hour course at any massage school in the country
 - C. Is older than 18 years, has completed a course in an approved massage school and has passed the national examination.

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- D. Has completed an apprentice program that meets the standards of the board with no need to take an examination.
7. A massage therapist needs to renew the massage therapy license every odd year in February.
True _____ False _____
8. If a massage therapy establishment is located in a building with multiple businesses toilet facilities must have available within _____.
- A. 300 ft
 - B. 500 ft
 - C. 500 yds
 - D. 1000 ft
9. Massage Therapists must:
- A. Carry a copy of their current license on their person at all times while providing professional care.
 - B. Conspicuously display a current license only at the primary location at which he or she practices.
 - C. Provide their current license immediately upon request.
 - D. Conspicuously display a current license at each location at which he or she practices.
10. How many credits (hours) of continuing education needs a person who was licensed ten months before license renewal deadline?
- A. 2
 - B. 6
 - C. 10
 - D. 24
11. The following courses are not mandatory for a person who is renewing a license for the first time (mark more than one if necessary)
- A. Prevention of Medical errors,
 - B. AIDS
 - C. Ethics
 - D. CPR
 - E. Laws
12. According to the Florida Administrative Code, Chapter 64B7, which of the following constitute misconduct:
- A. Negligence
 - B. Breach of confidentiality

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- C. Failure to explain expected draping techniques to a client
 - D. All of the above
13. Appropriate draping of a client shall include draping of the buttocks and genitalia of all clients, and breasts of female clients, unless the client gives specific informed consent to be undraped.
True _____ - False _____
14. Rule 64B-5.002, of the Florida Administrative Code refers to _____
15. As of March 15, 2005 it is mandatory by statute and rule that all approved providers must electronically submit their course and program information through CE Broker.
True _____ False _____
16. Starting in August 2003 it became mandatory that all Florida clinics (Physician, chiropractic, acupuncturist, dentists and physical therapists) where massage therapist administer massage should fill all the massage establishment requirements. True _____
False _____
17. The Board of Massage allows that licenses for operation of a massage establishment may be transferred from one owner to another. True _____ False _____
18. All continuing education providers must:
- A. Electronically submit their program information through the CE tracking system (Cebroker)
 - B. Be certified by the Board of Massage
 - C. Offer courses online as well as live courses
 - D. Electronically file the roster of participants in their classes
 - E. All of the above, except C
19. Licensees may self report any CE hours earned electronically to the Cebroker. True _____ False _____
20. If the licensees wants to be a qualified practitioner, he or she should take more than just the required credits for renewal of their license. True _____ False _____

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EVALUATION SHEET

ETHICS _____

DATE: _____

Please take a few minutes to evaluate the class:

Rate the using numbers from 1 to 5, where 1 is poor and 5 is excellent

The material is clear and easy to read	1	2	3	4	5
The material is relevant for my practice	1	2	3	4	5
The material is well organized	1	2	3	4	5
The website is easy to navigate	1	2	3	4	5

What do you think could be don't to improve this class

Any other observations about the class

Go back to our website (ceusonlineflorida.com) and click on tests at the top of the page to answer the Medical Errors class. Make sure that you are answering the test for massage therapists. If you pass with a score higher than 80%, you will be receiving by email your certificate of achievement within 2 business days after you answer the test.

EVALUATION SHEET

Law _____

DATE:

Please evaluate the class:

Rate the using numbers from 1 to 5, where 1 is poor and 5 is excellent

The material is clear and easy to read	1	2	3	4	5
The material is relevant to my practice	1	2	3	4	5
The material is well organized	1	2	3	4	5
The website is easy to navigate	1	2	3	4	5

What do you think could be don't to improve this class?

ETHICS FOR MASSAGE THERAPISTS

CEUS: 2 Course No. 20-115808 - Instructor: Silvia Casabianca

Objectives of the class:

At the end of the course, the student will know and do the following:

Define ethics and understand how a massage therapist applies ethics to practice.

Define individual and professional values

Identify ways in which values are used in professional practice

Obtain informed consent from clients

Identify client and therapist's rights

Distinguish different elements that compromise therapist's optimal functioning, including transference and countertransference.

Values, beliefs and principles:

Are there universal principles or values? A value that seems to permeate all cultures is to do no harm to others or self. Values are the result of society's interrelations and characteristics. They may become ethical or moral principles to regulate behavior. In many cases, these principles summarize the experience of a given community and are professed in order to protect and maintain harmonious relationships. Principles or values help us define who we are, what we think, how we behave, how to relate to others. Values are not interchangeable. We choose them freely and consciously among several alternatives and after considering the consequences of an action based on those values. We recognize our values when we find ourselves defending and affirming the beliefs that sustain those values, and we must act consistently in accord to our values. Values or principles are our guide to decisions. Difficult choices are made based on considerations of desired outcomes and values help us set the standards by which we want to practice a profession.

What are ethics?

Ethics is a word that encompasses many aspects that include intuition, feelings, religious mandates, law, and societal constraints. But we know that we might be wrong if we let ourselves be guided by strong feelings like hate; there are historical examples where law and ethics didn't coincide and an entire society can deviate and behave unethically (Roman empire, Nazis). Ethics evolve as the society becomes increasingly complex. We will define ethics as "The rules or standards governing the conduct of a person or the members of a profession. These rules are defined taking into account the rights of the people served, the obligations of people who serve, and overall, the wellness of all implied and of the society at large." In order to determine the rightfulness of our conduct and decision we may ask questions as:

1. Is it legal?
2. Is it in accord with the ethical principles of my profession?
3. Is this fair?
4. Is this good?
5. Is this harmful?

6. Who benefits with this?

7. Do I want others to know this? Ethics often represent the highest standards expected from a group. In the health field, they define the responsibilities and nature of a relationship between a practitioner and a client. Most professional associations in the United States have a code of ethics for their associates, and committees that revise and enforce the codes. In the health field, relationships between practitioner and client are expected to be therapeutic.

What is therapeutic

Being therapeutic goes beyond our capacity to alleviate pain or discomfort. Each one of us must be aware of the potential that we have to affect other people's lives. Any decision that we make may or not contribute to heal others. We'll be therapeutic if our process of decision making is guided by ethical principles.

Ethical dilemmas and conflict of interest

There are not black and white answers when it comes to define an ethical dilemma. In many occasions we might find ourselves in the middle of a conflict when what clients need, want, ask or expect might not be what we deem appropriate in a given situation. We might also feel that there is a conflict between ethics that regulate our practice and some regulations of the institution for which we work. Think about this:

"An ethic of service is at war with a craving for gain", said Gregg Easterbrook.

Would you agree with the statement? Think of personal dilemmas that you might have been involved in. Maybe your values and those of the client are in conflict. Maybe you have felt sexually attracted to a client. Maybe you want to ask your client out or your client invites you for a date. Maybe your client wants a bartering arrangement. How to define what's right or wrong? The codes of ethics for your profession will provide some of the answers. Most codes coincide in the following principles. They will require you:

1. to demonstrate a commitment to provide a quality service,
2. to avoid discrimination and prejudices,
3. to respect client's confidentiality and right for privacy,
4. to practice within the boundaries of competency (scope of practice)
5. to behave in a way that protects the image of your profession,
6. to avoid sexual conduct or activities with the clients, and
7. to work in the client's best interest.

Massage therapists need to learn to identify ethical dilemmas. But also, it's important to be aware of potential and actual conflicts of interest, because they may impair professional judgment and the exercise of your duties. Conflict of interest appears when your own interests are in conflict with those of who have trusted you.

Your client reveals you that your employer sexually harassed her. What do you do?

Tips are not allowed in the clinic where you work but you accept tips because nobody else is looking and nobody will ever know. You allow the client to be totally naked during the session, because you're so ethical and the client feels so comfortable, that it doesn't matter if it goes against the clinics policies.

What do you think?

Massage Therapists need to know the ethics of their profession so that they practice in a way that guarantees that the client will be treated with dignity, respect, and the highest levels of personal and professional care. Ethics are revised over time to account for situations related to changes in society. For example, the issue of confidentiality has become more complicated with the implementation of electronically kept records. Massage Therapists are subject to the laws of their city, county, state and

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nation with regards to qualifications for licensure, license renewal, infectious diseases, and taxes. If a therapist is faced with a contradiction between the code of ethics and the laws, these override the codes whenever it's necessary to protect public health, safety and welfare of others.

Ethical issues that the therapist might find in his/her practice:

The relationship between therapist and client is of a very special kind because it entails a differential of power. When the patient is (literally) in your hands, he/she trusts that you know what is best for them and that you will respect their bodies, the information they disclose and their privacy. Trust can be breached when you:

- Breach confidentiality and don't respect client's privacy
- Engage in a dual relationship that is not beneficial for the client (that is exploitative in nature).
- Step out of the boundaries of your competence, offering services you're not qualified to provide or misrepresenting your qualifications.
- Act out your prejudices or discriminate the client.
- Are not alert to countertransference issues and play roles that compromise the wellbeing of the client (see definition of countertransference below)
- Don't make the client aware of their rights
- Don't explain the purpose, indications and contraindications of treatment and don't obtain informed consent.
- Are negligent in the care of the patient.
- Abuse financial arrangements
- Do fraudulent billing to managed care companies
- Discontinue care without properly explaining your reasons.

Transference

In the relationship between a client and a therapist a process called transference usually occurs where a parent-child relationship is unconsciously re-established and client passes unresolved needs, feelings and issues on to the helper. Transference is present in relationships where there is a real or perceived power differential (boss, teacher, therapist) In individuals who are unaware of or not psychologically able to handle these feelings, transference may become the dominant reality, causing frequent disappointment and rejection in many relationships, often followed by anger or withdrawal. The power of touch in eliciting transference has not been formally studied but from therapist's practice we know that transference experiences (regressions) are often present.

Countertransference

Countertransference is transference occurring in the opposite direction. It can adversely affect the therapeutic relationship and can be harmful for the client because it interferes with the understanding of actual client's needs. There are different kinds of countertransference:

Classical: Ex: therapist is consistently late for a client who is very demanding and this behavior reflects his resistance against a controlling caretaker of his past. **Totalistic:** Refers to attitudes and feelings that are an unconscious response to what the client is transferring to the therapist. Countertransference can be used as a source of valuable information about either our unresolved issues or the needs of the client.

Be alert

Countertransference might be occurring if you experience:

More negative or positive emotional charge than usual towards a client.

Irritability or anger because the client is not getting better.

Think your work is better/worse than other's.

A pattern of being exhilarated, depressed, tired, uneasy, with a particular client.

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Consistently feel attracted to clients.

Feel like doing favors to clients, outside the treatment context.

Expectations of receiving praise.

Power differentials

There is a power differential between the massage therapist and the client where the client is vulnerable. The client is placing his or her body literally in the hands of a massage therapist trusting that she or he will know what they are doing and will respect the client's body. The client trusts in the therapist's competence and knowledge, in the therapist's respect for boundaries, in the therapist's respects for client's privacy. The therapist should resist all temptations to abuse power (E.g. To be late in response to client's usual tardiness or to encourage dependency.). The greater the power difference, the greater the potential for strong transference and countertransference.

Other issues that may create ethical dilemmas are:

1. Conflicts with employer or institution regarding issues like contributing to dishonest billing practices.
2. Sexual harassment in the workplace
3. Being forced to work with a client that sexually harasses you.
4. Being forced to practice massage in a way that your know unlawful
5. Conflict between your values and those of the client
6. Contradictions with physician's criteria for treatment
7. Autonomy is not respected and you encourage client's dependency
8. Financial arrangements. Accepting bartering, tips, charging different fees to different clients.
9. Billing to managed care companies. Contributing to dishonest billing practices.
10. Discontinuing of care.

Informed consent:

Informed consent is the process by which the therapist fully informs the client about the procedures, the indications and the contraindications of treatment so that the client understands what will occur, participates voluntarily and consciously makes choices among what therapeutic options. It's educational in nature, and encourages participation and self-determination. Ideally, informed consent is obtained in writing and the therapist seeks confirmation that the client understood the procedures.

Procedure for obtaining consent:

Massage Therapist explains type of service, provides information about massage or specific modality to be applied, use of oils or creams, and expected hygiene, providing verbal (and written if available) information.

Massage Therapist informs the client about his/her training, qualifications, experience, certifications and licensure. If the client presents a medical condition, therapist requires a release from physician and makes efforts to coordinate care with him/her.

Massage Therapist explains that draping is mandatory in Florida, and that the session doesn't include any kind of sensual or sexual touching.

Massage Therapist discusses a contract with the client that includes financial and schedule considerations, therapist's policies regarding late payment or late arrival for the sessions (Will they get a full hour even if they're late? Will they pay the full hour if they are late?)

Massage Therapist explains the confidential nature of the relationship, the limits of confidentiality.

Confidentiality

The information provided by the client belongs to the client. In case a disclosure is needed, the therapist seeks client's consent (in writing). When discussing a case with a colleague or a clinic's team, the

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therapist makes sure that the data provided doesn't allow the others to recognize whom the client is. Clients are not acknowledged in public unless they take the initiative to greet and the therapist. They might want to keep private that they are seeking help. During the process of obtaining informed consent, the therapist will be informed that confidentiality will be breached if law requires the therapist to report possible harm to self or others. If the therapist is seeing a minor and suspects abuse, she should inform the client that she needs to report the case in order to protect him or her.

Files

Documentation is important, especially when working with managed care companies. Records must be kept in a way that grants confidentiality of the information. It's not necessary to record personal information in a file (The client says that she is so tense because she's going through a difficult divorce. The therapist only needs to record that her back pain seems to be related to emotional issues).

Billing and coding

To sort this issue in an ethical way, a massage therapist must ensure that what was performed, is exactly what was documented and exactly what was billed. Otherwise, the massage therapist would be committing a fraud and becomes legally liable.

The therapist must also collect all co-payments and deductibles to go along with the contract that the policyholder signed. By not collecting the co-payment or deductible, the therapist is conspiring with the patient to defraud their insurance company, because the premium the patient pays is proportional to the co-payment. The patient will attend more sessions because only the insurance company is paying for it.

These American Massage Therapy Association (AMTA) Standards of Practice were developed to assist the professional massage therapist to:

- provide safe, consistent care
- determine the quality of care provided
- provide a common base to develop a practice
- support/preserve the basic rights of the client and professional massage therapist
- assist the public to understand what to expect from a professional massage therapist

This document allows the professional massage therapist to evaluate and adapt performance in his/her massage/bodywork practice. The professional massage therapist can evaluate the quality of his/her practice by utilizing the Standards of Practice in conjunction with the Code of Ethics, the Bylaws and Policies of AMTA, and precedents set by the AMTA Grievance, Standards, and Bylaws Committees.

1. Conduct of the Professional Massage Therapist or Practitioner, hereinafter referred to as "Practitioner"

1.1 AMTA members must meet and maintain appropriate membership requirements.

1.2 Individual AMTA members who engage in the practice of professional massage/bodywork, shall adhere to standards of professional conduct, including the AMTA Code of Ethics.

1.3 The Practitioner follows consistent standards in all settings.

1.4 The Practitioner seeks professional supervision/consultation consistent with promoting and maintaining appropriate application of skills and knowledge.

2. Sanitation, Hygiene and Safety

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2.1 Practitioner provides an environment consistent with accepted standards of sanitation, hygiene, safety and universal precautions.

2.2 Pathophysiology (Contraindications)

2.2.1 The Practitioner maintains current knowledge and skills of pathophysiology and the appropriate application of massage/bodywork.

2.2.2 The Practitioner monitors feedback from the client throughout a session.

2.2.3 The Practitioner makes appropriate referrals to other reputable healthcare providers.

3. Professional Relationships with Clients

3.1 The Practitioner relates to the client in a manner consistent with accepted standards and ethics.

3.2 The Practitioner maintains appropriate professional standards of confidentiality.

3.3 The Practitioner relates to the client in a manner which respects the integrity of the client and practitioner.

3.4 The Practitioner ensures that representations of his/her professional services, policies, and procedures are accurately communicated to the client prior to the initial application of massage/bodywork.

3.5 The Practitioner elicits participation and feedback from the client.

4. Professional Relationships with Other Professionals

4.1 The Practitioner relates to other reputable professionals with appropriate respect and within the parameters of accepted ethical standards.

4.2 The Practitioner's referrals to other professionals are only made in the interest of the client.

4.3 The Practitioner's communication with other professionals regarding clients is in compliance with accepted standards and ethics.

4.4 A Practitioner possessing knowledge that another practitioner:

(1) committed a criminal act that reflects adversely on the Practitioner's competence in massage therapy, trustworthiness or fitness to practice massage therapy in other respects;

2) engaged in an act or practice that significantly undermines the massage therapy profession; or

(3) engaged in conduct that creates a risk of serious harm for the physical or emotional well being of a recipient of massage therapy; shall report such knowledge to the appropriate AMTA committee if such information is not protected or restricted by a confidentiality law.

5. Records

5.1 Client Records

5.1.1 The Practitioner establishes and maintains appropriate client records.

5.2 Financial Records

5.2.1 The Practitioner establishes and maintains client financial accounts that follow accepted accounting practices.

6. Marketing

6.1 Marketing consists of, but is not limited to, advertising, public relations, promotion and publicity.

6.2 The Practitioner markets his/her practice in an accurate, truthful and ethical manner.

7. Legal Practice

7.1 American Massage Therapy Association members practice or collaborate with all others practicing professional massage/bodywork in a manner that is in compliance with national, state or local municipal law(s) pertaining to the practice of professional massage/bodywork.

8. Research

8.1 The Practitioner engaged in study and/or research is guided by the conventions and ethics of scholarly inquiry.

8.2 The Practitioner doing research avoids financial or political relationships that may limit objectivity or create conflict of interest.

Go back to our website (ceusonlineflorida.com) and click on tests at the top of the page to answer the Medical Errors class. Make sure that you are answering the test for massage therapists. If you pass with a score higher than 80%, you will be receiving by email your certificate of achievement within 2 business days after you answer the test.

EVALUATION SHEET

Ethics _____

DATE: _____

Please evaluate the class:

Rate the using numbers from 1 to 5, where 1 is poor and 5 is excellent

The material is clear and easy to read	1	2	3	4	5
The material is relevant to my practice	1	2	3	4	5
The material is well organized	1	2	3	4	5
The website is easy to navigate	1	2	3	4	5

What do you think could be don't to improve this class?