



CITY OF NORCO

2870 CLARK AVENUE, NORCO CA 92860
(951) 270-5679 FAX. (951) 270-5668

MASSAGE PRACTICAL/ORAL EXAM PROCEDURE

1. The applicant must provide photo identification at the time of the exams and dress in an appropriate manner.
2. The applicant will not be allowed to take the practical exam if more than ten (10) minutes late.
3. The oral exam score is pass or fail. During this exam, applicant must be able to name bony landmarks, identify benefits of massage, identify major muscle groups, identify the types of massage, etc.
4. The practical exam score is pass or fail. There is a two minute set-up time limit during this exam. Applicant must be able to demonstrate proper draping and positioning techniques, demonstrate good identifiable massage technique, demonstrate a back massage and an extremity (examiner will choose) and appropriate application of lotions.
5. Applicant *may not* use other applicants for the practical exam.
6. Applicant must bring their own oils, lotions and draping materials.
7. Applicant must submit a Health Certificate showing that they are free from active tuberculosis. Test results cannot be more than 30 days old. This must be submitted the day the exam is given.
8. Applicant must bring original documents of transcripts from a State Certified Massage School, legal resident alien card or U.S. citizenship certificate.
9. Tests are given in English. If a language interpreter is needed, each applicant will need to provide their own interpreter for the exams.

NOTE: If applicant has a history of TB or if test results are positive, then a chest X-ray is required. The applicant must show documentation of adequate treatment.

ALL STEPS MUST BE COMPLETED AND PASSED BEFORE CLEARANCE IS GIVEN FOR LICENSING.

EXPERIENCE AND EMPLOYMENT (Continued)

Name and Address of Employer _____

Job Title Telephone # From: Mo./Yr. To: Mo./Yr.
 Full Time Part-Time Voluntary
Name of Supervisor _____
Name of Co-Workers _____
Reason for leaving _____
Periods of Unemployment: From - Mo./Yr. _____ To - Mo./Yr. _____

Name and Address of Employer _____

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Reason for leaving _____
Periods of Unemployment: From - Mo./Yr. _____ To - Mo./Yr. _____

EDUCATION

Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location of School (City & State)	Dates Attended		School References (teachers, counselors, etc.)
		From	To	

Have you ever been suspended or expelled from any high school or post-secondary school? Post-secondary schools include colleges and universities, graduate schools, business and vocational schools or any formal education beyond the high school level.

Yes No If yes, please explain (include school, date and circumstances)

RELATIVES, REFERENCES AND ACQUAINTANCES

In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications.

Name _____

Home Address _____ Home Phone # _____

Work Address _____ Work Phone # _____

Other Address _____ Other Phone # _____

RELATIVES, REFERENCES AND ACQUAINTANCES (Continued)

Name _____	_____	_____
	Home Address	Home Phone #
	Work Address	Work Phone #
	Other Address	Other Phone #
Name _____	_____	_____
	Home Address	Home Phone #
	Work Address	Work Phone #
	Other Address	Other Phone #
Name _____	_____	_____
	Home Address	Home Phone #
	Work Address	Work Phone #
	Other Address	Other Phone #
Name _____	_____	_____
	Home Address	Home Phone #
	Work Address	Work Phone #
	Other Address	Other Phone#

List any training in first aid or medical experience and certificate or card held:

RESIDENCE

List all residences that you lived in the last 10 years before your fifteenth birthday. Please begin with your current residence.

Address	City, State & Zip Code	Dates		If renting, please provide name of Manager or person who collects the rent.
		From Mo./Yr	To Mo./Yr	

MOTOR VEHICLE OPERATION

California driver's license number	Expiration date	Name on driver license
Please list other States you hold or previously held a valid driver's license.		
State	Name on driver license	
State	Name on driver license	
State	Name on driver license	
Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain and include when, where and why. _____		

Have you ever been detained, held, arrested, indicted or summoned into court as a defendant in a criminal proceeding; convicted, fined, imprisoned or placed on probation; ordered to deposit bail or collateral for the violation of any law, police regulation or ordinance (excluding minor traffic violations where a fine of \$25.00 or less was imposed)? Yes No

If yes, please list date, nature of the offense or violation, name and location of court or place of hearing and penalty imposed or disposition of each case. If additional room is necessary use additional paper that will be furnished.

Are you now or have you ever been addicted to the use of habit forming drugs or narcotics (e.g. barbiturates, heroin, etc.) Yes No Have you ever attempted suicide by any drug or narcotic? Yes No
If the answer to any of the foregoing is yes, please explain:

IN ORDER TO EXPEDITE THE INVESTIGATION, PLEASE EXAMINE EVERY ITEM TO BE SURE YOUR ANSWERS ARE COMPLETE AND ACCURATE. INTENTIONAL FALSE STATEMENTS WILL BE GROUNDS FOR DENIAL OR REVOCATION.

I have read and I am familiar with and understand the provisions of Riverside County Ordinance No. 596 and its rules and regulations. If this application is approved, I agree to abide by such provisions and any revisions that might be passed according to law. I hereby certify under penalty of perjury (a felony) that all entries made by me or under my direction in this application are true, complete and correct to the best of my knowledge.

Signature

Executed on _____, 20____, at _____ California

Witness: _____ Date _____, 20____



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MEDICAL EXAMINATION

In accordance with City of Norco Ordinance 723, the applicant for massage technician must have a medical examination, at their own expense, to verify that the applicant is free of any contagious or communicable disease. **This certificate from a medical doctor licensed to practice in the State of California, must occur within thirty (30) days immediately preceding the date of application.**

City of Norco Municipal Code 5.48.320 section (10) states, "A certificate from a medical doctor licensed to practice in the State of California stating that the applicant has, within thirty (30) days immediately preceding the date of application, been examined and found to be free of any contagious or communicable disease." Consistent with the requirements of City of Norco Municipal Code 5.48.320 section (10) examples, including, but are not limited to contagious and communicable diseases are Hepatitis A, Hepatitis B, Hepatitis C, Tuberculosis (TB), HIV, and AIDS.

Have your doctor complete and sign the statement below and return this form to the City of Norco along with your application.

Doctor's Statement:

Applicant's Name Date of Birth

A medical examination and laboratory test(s) were completed on _____ and I have determined that the above named applicant shows no evidence of any contagious or communicable disease(s).

Laboratory test(s) performed:	Lab test results (may attach report):
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Doctor's Signature _____ Date _____

California State License Number _____

Print Doctor's Name _____

Address _____

Phone Number _____



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ANNUAL MASSAGE BUSINESS LICENSE CHECKLIST PER COUNTY ORDINANCE 596

	PASS	FAIL
1. List of services available, cost of each service shall be posted in a public area of the business.	_____	_____
2. Massage business license shall be plainly displayed in a public area of the business.	_____	_____
3. A copy of each massage technician's license plainly displayed in a public area of the business.	_____	_____
4. Records shall be maintained, which include the date and time of each massage, the name and address of each customer, the type of massage given and the name of the massage technician administering such massage.	_____	_____
5. All required records shall be made available for inspection upon request by the Sheriff. The information contained in such records shall be confidential.	_____	_____
6. Bathroom/shower facilities must be separate if male and female customers are served simultaneously.	_____	_____
7. Steam rooms/sauna baths must be separate if male and female customers are served simultaneously.	_____	_____
8. Wash basins, bathtubs, showers and similar facilities must have pressurized hot and cold running water.	_____	_____
9. Soap or detergent and single service towels from a permanently installed dispenser shall be provided at each wash basin. Trash receptacle shall be provided in each room where such facilities are located.	_____	_____
10. Each room, enclosure, public area, hallway and massage area must maintain lighting intensity of seventy (70) foot candle power at floor level.	_____	_____

Annual Massage Business License
Checklist per County Ordinance 596
Page 2

	PASS	FAIL
11. All areas including walls, floors, showers, etc. are clean, sanitary and in good repair.	_____	_____
12. Separate closed cabinets or containers plainly marked, "Clean Linen" or "Soiled Linen" shall be maintained.	_____	_____
13. Heavy white paper can be substituted for linens/sheets then disposed of in a sanitary receptacle. Paper can be used only once and then must be disposed.	_____	_____
14. Disinfecting agents and sterilizing equipment sufficient to assure clean and sterilized instruments used in the performance of massages shall be provided and kept on hand.	_____	_____
15. Cover pads used on massage tables must be made of waterproof material.	_____	_____
16. Massage technicians shall be fully clothed in hygienic apparel while engaged in the practice of massage.	_____	_____
17. Massage business shall not operate as a school of massage or use the same facilities used by a school of massage.	_____	_____
18. Separate, locking lockers shall be provided for customers at no extra charge.	_____	_____
19. All exterior doors shall remain unlocked from the interior of the business during business hours.	_____	_____

File No: _____ Date/Time Inspected: _____

Business: _____ Address: _____

Reporting Officer: _____ I.D. No.: _____