

MONTANA BOARD OF MASSAGE THERAPY
PO BOX 200513
301 SOUTH PARK, 4th FLOOR
HELENA, MONTANA 59620-0513
(406) 444-6880
EMAIL: dlibsdlmt@mt.gov
WEBSITE: www.massagetherapists.mt.gov

INFORMATION SHEET

(Please allow 30 days for processing from the date the Board has a complete routine application)

MASSAGE THERAPISTS ARE NOT PERMITTED TO PRACTICE IN MONTANA WITHOUT A CURRENT ACTIVE MONTANA LICENSE

LICENSE REQUIREMENTS
OUT-OF-STATE APPLICATION:

(APPLICANTS LICENSED/CERTIFIED/REGISTERED IN ANOTHER STATE)

- Must submit a completed application and application/licensing fee of \$140.
- Must submit documentation that the applicant is at least 18 years of age. A copy of driver's license or birth certificate is acceptable.
- A copy of an official transcript or certificate of completion evidencing to the board's satisfaction that the applicant has a high school diploma or its equivalent;
- Must possess and provide verification of an active license, certificate, or registration in good standing from another state whose current licensing requirements are equivalent per 37-33-502, MCA.
- All verifications of licensure/certification/registration listed in application question #12 must be sent directly from each state in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verification. Contact each state prior to sending the request.
- A copy of licensing requirements found in current statutes and rules from the credentialing state must be sent to the board office if that state is currently not on the Montana Board of Massage Therapy list of approved states. Additional information may be requested if the statutes and rules do not establish an equivalent license.

NON ROUTINE APPLICANTS

- If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled board meeting. Complete non-routine applications may take up to 6 months to process.
- When the application file is complete, it will be processed and considered by the Board for licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.

FEES

Out-of-State Application: \$140

Make check or money order payable to the Montana Board of Massage Therapy
(all fees are non-refundable)

PROCESSING PROCEDURES

- Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the board office.
- Keep the board office informed at all times of any address changes, changes in license status, and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- The applicant will be notified in writing of any deficient or missing items from the application file.

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF MASSAGE THERAPY ON OUR WEBSITE: www.massagetherapists.mt.gov

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Application for Licensure as a Massage Therapist

Application by: **Out-of-State Application (currently licensed in another state)**

Allow 30 days from the date the Board has a complete routine application file for results.

1. FULL NAME: _____
Last First Middle

2. OTHER NAMES KNOWN BY: _____

3. ORGANIZATION NAME: _____

4. ORGANIZATION ADDRESS: _____
Street or PO Box # City and State Zip Country

5. HOME ADDRESS: _____
Street or PO Box # City and State Zip Country

PREFERRED METHOD OF CONTACT:

Home Organization E-MAIL ADDRESS: _____

6. TELEPHONE: _____ HOME _____ FAX _____
Organization

7. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____

8. DATE OF BIRTH: _____ MALE FEMALE

9. Have you passed a national examination? No Yes Date Passed: _____

NCETM NCBTMB MBLEx NESL

10. Have you ever practiced any other branch of the Healing Arts that did not require a license in that jurisdiction? If yes, please list: Yes No

Healing Art	Jurisdiction where practiced

11. List all **professional** licenses, registrations or certificates, **issued by a state/province**, including massage therapy you hold or have **ever** held. Verification must be sent directly to Montana from each state/province/territory. Use a supplemental sheet if necessary. **If no licenses have ever been held, please state "NONE" or "N/A" in the box.**

State	License #	License Type	Issue Date	Expiration Date	License Method	Requested State Verification
					<input type="radio"/> Exam <input type="radio"/> Credential <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Exam <input type="radio"/> Credential <input type="radio"/> Other	<input type="radio"/> Yes <input type="radio"/> No

12. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
13. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
14. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No
15. Have you ever voluntarily surrendered, canceled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
16. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.. Yes No
17. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No
18. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. Yes No
19. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No
20. Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes please provide a detailed explanation. Yes No

21. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes No
22. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
23. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
24. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
25. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
26. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes No
27. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. Yes No

28. **PROFESSIONAL EDUCATION:**

Name of High School	City and State/Province/Territory	Graduation/Completion Date

- Diploma
 G.E.D.
 Certificate of Completion
 Other Document of Completion

 Please Specify

29. **PROFESSIONAL EDUCATION continued:**

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Name of Massage Therapy School	City and State/Province/Territory	Dates Attended	Degree Earned

30. **PRACTICE HISTORY:** List **all** places where you have practiced as a Massage Therapist in the last five years in chronological order, up to and including the present. Use a supplemental sheet if necessary.

Name and Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau, Board of Massage Therapy.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession.

 Signature of Applicant

 Date

REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE
(THIS IS NOT A CREDENTIAL CERTIFICATION)

APPLICANT: Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold, or ever have held a license.

COMPLETE THE FORM AND MAIL IT TO ANY STATE BOARD IN WHICH YOU ARE REQUESTING OFFICIAL LICENSE VERIFICATION BE SENT TO THE MONTANA BOARD. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. BE ADVISED THAT SOME BOARDS REQUIRE A FEE FOR THIS SERVICE. IT IS RECOMMENDED YOU CONTACT THE BOARDS BY PHONE PRIOR TO MAILING IN THIS FORM TO SEE IF YOU NEED TO INCLUDE PAYMENT.

LICENSEE INFORMATION

To Whom It May Concern:

I am applying for a license to practice Massage Therapy in the State of Montana and the Board of Massage Therapy requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

Montana Board of Massage Therapy
PO Box 200513
Helena, MT 59620-0513.

Your prompt response is appreciated.

Name (Please Print) _____ Signature _____

Address: _____

Street or PO Box # City State Zip

My License Number from your State is: _____ License Type: _____

This form is to be used to request official verification from states where you hold or have ever held a license. Please **DO NOT** return this form to our office.