

**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

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(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

BY EXAMINATION:

- Must submit a completed application, including any verifications required and application/ license fee of \$140.00.
- 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 provide proof of successful completion of a massage therapy educational program of a minimum of 500 hours of study that meets or exceeds the curriculum guidelines established by any program or organization accredited by the national commission for certifying agencies or its equivalent or successor.
- Must submit evidence of a passing score on either the MBLEx, NCETMB, NESL or the NCETM examination or a state examination deemed to be equivalent, which must be from the issuing entity sent directly to the board office.

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 participate before the Board during a regularly scheduled board meeting. Complete non-routine applications may take up to 120 days to process.

FEES

Application by Examination: \$140.00

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 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: Examination

Please allow 30 days from the date the board has a complete routine application file for results.

1. Full Name:

Last	First	Middle
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2. OTHER Names known by:

3. ADDRESS:

Street or PO Box #	City and State	Zip	Country
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4. Preferred Method of Contact:

Email:

5. Telephone: _____ **Secondary:** _____

6. SSN: _____ **Foreign ID Number:** _____

7. Date of Birth: _____ Male Female

8. Have you passed a national examination? Yes No

Date Passed: _____

NESL NCETM NCBTMB MBlex

9. Have you ever practiced any other branch of the Healing Arts? Yes No

If yes, please list:

Healing Art	Jurisdiction where practiced

10. 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. **If no licenses have ever been held, please note "NONE" or "N/A" in the box. Use a supplemental sheet if necessary.**

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

11. **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

12. **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

13. **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

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. *See, 37-1-105, MCA.*
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

- 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No
- 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No
- 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? Yes No
- 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? Yes No
- 5. Have you ever withdrawn an application for any professional license? Yes No
- 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? Yes No
- 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet)? Yes No

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

- 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No
- 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? Yes No
- 11. Are you now subject to criminal prosecution or pending criminal charges? Yes No
- 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? Yes No
- 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? Yes No
- 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? Yes No
- 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? Yes No
- 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? Yes No
- 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? Yes No
- 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? Yes No

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.

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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: _____

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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.