

MONTANA BOARD OF MASSAGE THERAPY
PO BOX 200513
301 SOUTH PARK, 4th FLOOR
HELENA, MONTANA 59620-0513
PHONE (406) 444-6880 FAX (406) 841-2305
EMAIL: dlibsdhel@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

BY CREDENTIAL: (APPLICANTS LICENSED/CERTIFIED/REGISTERED IN ANOTHER STATE)

- Must submit a completed application and application/licensing 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 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 participate 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.

FEES

Application by Credential: \$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 in writing of any deficient or missing items from the application file.

NOTE: **Credentialing** States that have been approved are: **Texas**, New Hampshire, Nebraska, Washington, New York, Georgia, North Dakota, South Dakota, Kentucky, Utah, New Mexico, Ohio, **Pennsylvania**, Oregon, Florida, Arizona, Alaska, Idaho and Nevada. More states may be added as approved.

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: CREDENTIAL

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

4. PREFERRED METHOD OF CONTACT:
 Mail Email _____

5. TELEPHONE: _____
Secondary

6. S.S.N. _____ FOREIGN ID NUMBER: _____

7. DATE OF BIRTH: _____ MALE FEMALE

8. Have you passed a national examination? No Yes Date Passed

NCETM NCBTMB MBLEx NESL

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	
					Exam	Endorse	Other	Yes	No
					Exam	Endorse	Other	Yes	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.

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|--|-----|----|
| 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.

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.