

FOR OFFICE USE ONLY

Board of Massage Therapist Checklist

- Application
- Application Fee
- Examination Results
- Transcript
- Valid ID
- Nationwide Criminal Background Check-NCRC (done by state or local police)
- CPR & First Aid
- O/S License Verification



FOR OFFICE USE ONLY

Application Approved:

License Number:

Issue Date:

Grad/Temp Lic No:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

Rhode Island
 Board of Massage Therapy
 Room 104
 3 Capitol Hill
 Providence, RI 02908-5097

**Instructions and Application For
 License As A**

Massage Therapist
 by

- Endorsement
- Examination

FOR OFFICE USE ONLY

License # _____
 Name _____

MILITARY STATUS ELIGIBILITY *(Documentation Required)*
see next page for instructions

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME	FIRST NAME	MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of \$65.00 and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE. Please be advised that this is an application fee and includes the first license only up until the next expiration date. All Massage Therapists licenses expire yearly on June 30th.
- Copy of Valid ID, (example Driver's license or state issued ID)
- Official Transcripts from an approved school that is accredited by an agency recognized by the US Department of Education, approved by the State Board of Education, or whose curriculum is endorsed by the Commission on Massage Therapy Accreditation (COMTA) sent directly to the Board. No student copies will be accepted.
- Score/Certification of the MBLEx or other national examination approved by the Department sent directly from the examination agency.
- Copy of First Aid and CPR Certificate
- National Criminal Records Check with Fingerprints. Contact your State or Local Police Department to make an appointment to have your fingerprints taken for the nationwide criminal records check. DO NOT send actual fingerprints to the Department. The report MUST be sent directly from the Bureau of Criminal Identification at your local or state police department to the RI Board of Massage Therapy. Applicants are responsible for all costs incurred in this process.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island

Board of Massage Therapy

Application for License as a Massage Therapist

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

<p>1. Name(s)</p> <p>This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Title (i.e., Mr., Mrs., Ms., etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>First Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Middle Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Surname, (Last Name)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Suffix (i.e., Jr., Sr., II, III)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Maiden, if applicable</p> <p>Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).</p> <hr style="border: 0.5px solid black;"/>
<p>2. Social Security Number</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>U.S. Social Security Number</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>“Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.”</p>
<p>3. Gender</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>4. Date of Birth</p>	<div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; margin-right: 10px;"></div> / <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; margin-right: 10px;"></div> / <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; margin-right: 10px; text-align: center;">1</div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; margin-right: 10px; text-align: center;">9</div> <p>Month Day Year</p>
<p>5. Home Address</p> <p>It is your responsibility to notify the board of all address changes.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Apartment/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Country, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Home Phone</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>State</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Zip Code</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Postal Code, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Home Fax</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div>
<p>6. Rhode Island Business Address</p> <p>It is your responsibility to notify the board of all address changes.</p> <p><i>This address will appear on the Department of Health web site.</i></p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Name of Business/Work Location</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Department/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Country, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Business Phone</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Extension</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Business Fax</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>State</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Zip Code</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Postal Code, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div>

<p>7. Preferred Mailing Address Please check <u>ONE</u></p>	<p><input type="checkbox"/> Please use my Home Address as my preferred mailing address</p> <p><input type="checkbox"/> Please use my Business Address as my preferred mailing address</p>
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<p>8. Qualifying Education</p> <p>Please list the name and information about the school that you attended that qualifies you for this license.</p>	<table border="1" style="width:100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width:100%;"></td> </tr> </table> <p>Type of School (University, College, Technical School, etc.)</p> <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width:100%;"></td> </tr> </table> <p>Name of School</p> <p>Date Graduated: <table border="1" style="display: inline-table; width: 40px; height: 15px; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; width: 40px; height: 15px; vertical-align: middle;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table></p> <p align="center" style="font-size: small;">Month Year</p> <table border="1" style="width:100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width:100%;"></td> </tr> </table> <p>Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)</p>							

<p>9. Other State License(s)</p> <p>Please answer the question and list state(s), if applicable</p>	<p>Have you ever held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to this question is “yes”, enter all other state licenses in Question 10 (below):</p>
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<p>10. Licensure</p> <p>List all states or countries in which you are now, or ever have been licensed to practice your profession.</p>	<table style="width:100%;"> <tr> <td style="width:50%;">State/Country: _____</td> <td style="width:10%;"><input type="checkbox"/> Active</td> <td style="width:10%;"><input type="checkbox"/> Inactive</td> <td style="width:50%;">State/Country: _____</td> <td style="width:10%;"><input type="checkbox"/> Active</td> <td style="width:10%;"><input type="checkbox"/> Inactive</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> <td>_____</td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> <td>_____</td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> </tr> </table> <p>YOU must send an "Interstate Verification Form" enclosed in this application to each state in which you are, or ever have been, licensed as a Massage Therapist (Make copies as needed).</p>	State/Country: _____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	State/Country: _____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive
State/Country: _____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	State/Country: _____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive														
_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive														
_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive														

<p>11. Criminal Convictions</p> <p>Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.</p> <p>If necessary, you may continue on a separate 8½ x 11 sheet of paper.</p>	<p>Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):</p> <table style="width:100%;"> <tr> <td style="width:80%; border-bottom: 1px solid black;"></td> <td style="width:10%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Year</td> </tr> <tr> <td></td> <td align="center"><table border="1" style="width: 20px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table></td> <td align="center"><table border="1" style="width: 20px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table></td> </tr> <tr> <td></td> <td align="center"><table border="1" style="width: 20px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table></td> <td align="center"><table border="1" style="width: 20px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table></td> </tr> <tr> <td></td> <td align="center"><table border="1" style="width: 20px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table></td> <td align="center"><table border="1" style="width: 20px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table></td> </tr> </table>		Month	Year		<table border="1" style="width: 20px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table>			<table border="1" style="width: 20px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table>				<table border="1" style="width: 20px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table>			<table border="1" style="width: 20px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table>				<table border="1" style="width: 20px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table>			<table border="1" style="width: 20px; height: 20px;"><tr><td style="width: 10px;"></td><td style="width: 10px;"></td></tr></table>		
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<p>12. Disciplinary Questions</p> <p>Check either Yes or No for each question.</p>	<p>1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr style="border-top: 1px dashed black;"/> <p>2. Have you ever been denied a license, certificate, registration or permit in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter.</p>
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13. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Massage Therapist in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Massage Therapy of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)



Rhode Island Board of Massage Therapy
 Room 104, 3 Capitol Hill
 Providence, RI 02908-5097
 (401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Massage Therapist in the State of Rhode Island. The Rhode Island Board of Massage Therapy requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Massage Therapy at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE MASSAGE THERAPY BOARD

Massage Therapy Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed a National Certification (NCBTMB) or (MBLEx) Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

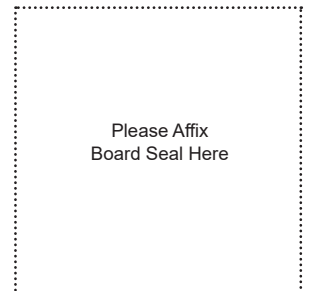
Questions:

1. Has this licensee ever been investigated by your Board? Yes No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature	Date
Type or Print Name	
Title	
Full Name and State of Licensing Board	



Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Department of Health
Massage Therapy Licensing
Center for Professional Licensing, Room 104
3 Capitol Hill, Providence, RI 02908-5097

NATIONAL CRIMINAL RECORDS CHECK - (NCRC)

In accordance with Rhode Island General Laws, all applicants for Massage Therapy license must obtain a National Criminal Records Check (NCRC). As part of this check your fingerprints will be taken.

TO: MESSAGE THERAPY LICENSE APPLICANT

Please obtain a National Criminal Records Check (NCRC) from your local police department or by appointment with the Rhode Island State Police (401-444-1110). As part of the NCRC your fingerprints will be taken. Once the check has been processed the results will be sent directly to the Department of Health and a copy will be sent to you.

Please bring this to the law enforcement agency and inform them that you are applying to become licensed as a Massage Therapist so that the results of the check are routed to the correct office.

Massage Therapy License Applicant Name: _____

Massage Therapy License Applicant Date of Birth: _____ / _____ / _____
Month Day Year

Massage Therapy License Applicant Address: _____

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TO: LAW ENFORCEMENT AGENCY

Please provide a National Criminal Records Check (NCRC) which shall include fingerprints for the above-named Massage Therapy License applicant. Please send the "Qualify/Does Not Qualify" letter to:

Rhode Island Department of Health
Center for Professional Licensing
Massage Therapy Licensing
3 Capitol Hill, Room 104
Providence, RI 02908-5097