

**STATE OF FLORIDA  
BOARD OF MASSAGE THERAPY**

**APPRENTICESHIP CERTIFICATION APPLICATION  
WITH INSTRUCTIONS**



**Board of Massage Therapy  
4052 Bald Cypress Way, Bin # C-06  
Tallahassee, FL 32399-3256  
(850) 488-0595**

**WWW.FLHEALTHSOURCE.COM**

**September 2012 Edition**

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- Please retain the application instructions for your records. Do not send them to the Board Office with your application.
- Make a copy of everything you send to the Board Office including the application. You may need to reference it during the application process.
- Read all instructions thoroughly before completing the application. Most questions will be answered by reading the enclosed instructions, application, and supplemental documentation forms.
- Failure to send in required documents may result in the delay of your application processing.
- Mail the completed ORIGINAL application and cashier's check or money order to the department at the address noted in the instructions.

**SECTION I:  
GENERAL INFORMATION / INSTRUCTIONS**

**Before The Apprenticeship Program May Begin, It Must Be:**

- Approved by the Board of Massage Therapy and the apprenticeship certificate received by the apprentice.
- Under the **direct supervision** of a sponsoring massage therapist who has been licensed for at least three (3) years.
- Conducted in a **licensed massage establishment**. The establishment must be inspected prior to the commencement of the program to determine compliance with the requirements as set forth in Rule 64B7-29.001(5) F.A.C.

**Before The Apprentice Can Apply For a Full Massage Therapist License, The Applicant Must:**

- Contact one of the following examination vendors
  - The National Certification Board for Therapeutic Massage and Bodywork examination (NCBTMB)
  - The National Certification Exam for Therapeutic Massage (NCETM)
  - National Exam for State Licensure (NESL) administered by NCBTMB
  - The Massage and Bodywork Licensing Examination (MBLEX) administered by the Federation of State Massage Therapy Boards
- File an application for licensure with the Board of Massage Therapy, along with the initial licensure fee of \$155.00.

**APPLICATION FEE:**

**Make cashiers check or money order payable to the Department of Health**

Apprenticeship Certification: **\$100.00** (\$100 application and inspection fee)

The original application and any documents you wish to include with the application, accompanied by the applicable fee should be addressed to the following:

**Department of Health  
Payment Management  
P.O. Box 6330  
Tallahassee, FL 32399-6330**

Use of the above address will ensure receipt of the application and fee(s).

Any additional documentation (not included with the application), sent either by the applicant or by any other source on your behalf, should be mailed to the following address:

**Department of Health  
Board of Massage Therapy  
4052 Bald Cypress Way, BIN C06  
Tallahassee, FL 32399-3256**

## REQUIRED DOCUMENTATION

**No application will be considered complete until the following supporting documentation has been received in the Board office:**

**Application:** A completed application, with all questions answered.

**License Verification** - You must also request an official license verification(s) to be submitted to the Board directly from all State licensing boards in which you hold, or have held **any health related professional license**. The official licensure verification must state the following:

- Current status
- Method of licensure (exam or endorsement)
- Date of original licensure
- Any discipline; if license has been disciplined you must submit a self-explanation and all relevant disciplinary documentation.

**Criminal History Documentation** – If you answered yes to any of the criminal history questions on the application you will need to send in the following for each offense:

- Self-explanation: A brief, legible explanation of the events and what you are doing to ensure they do not occur again
- Arrest Documentation: To include the arrest date and arresting charge. This may be obtained from the clerk of court in the county the offense occurred.
- Final Disposition: Court disposition and proof of successful completion of sentencing, if applicable. This may be obtained from the clerk of court in the county the offense occurred.
- Letters of Recommendation: 3-5 professional letters of recommendation.

**Health History Documentation** – If you answered yes to any of the health history questions on the application you will need to send in the following:

- Self-explanation as described above in the criminal history section
- Letter from your physician(s) or other health care worker stating your current status and ability to practice massage therapy

## Regarding Prior Criminal History and Disciplinary Actions

The Florida Board of Massage Therapy receives numerous questions from applicants regarding prior criminal offenses. The following are the most frequently asked questions:

**Question:** How long will it take to process my application?

**Answer:** Our goal is to process non-problematic applications within 21 days of our office receiving the application. However, because you have a criminal history it may take a bit longer to review your application. We will mail a letter to you within 30 days of us receiving your application.

**Question:** What crimes or license discipline must be reported on the application?

**Answer:** All convictions, adjudication withhelds, guilty pleas and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes all misdemeanors and felonies, "driving while intoxicated (DWI)" and "driving under the influence (DUI)." Crimes must be reported even if they are a suspended sentence. All prior or current disciplinary action against another professional license must be reported, whether it occurred in Florida or in another state or territory.

**Question:** Can a person obtain a license if they have a misdemeanor or felony crime on their record?

**Answer:** Each application is evaluated on a case-by-case basis. The Board of Massage therapy considers the nature, severity, and recency of offenses, rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

**Question:** Do I have to report charges if I completed a period of probation and the charges were closed?

**Answer:** Yes. Offenses must be reported to the Board even if you received a suspended sentence and the record is now considered closed.

**Question:** Do I have to report charges if I completed a period of probation and the charges were dismissed?

**Answer:** No, if the charges were dismissed, nolle prossed, or dropped the offense does not have to be reported. Adjudication withheld is considered the same as a conviction for the purposes of licensure.

**Applicants with previous arrest or disciplinary action on a license will not be authorized to practice massage therapy until all documentation is cleared by staff or reviewed by the Board.**

**APPLICATION FOR MASSAGE APPRENTICE CERTIFICATION**  
APPLICATIONS ARE PROCESSED IN DATE ORDER RECEIVED. PLEASE TYPE OR PRINT IN BLUE OR BLACK INK

**DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE  
FLORIDA BOARD OF MASSAGE THERAPY  
Post Office Box 6330  
Tallahassee, FL 32314  
(850) 488-0595**

**www.FLHealthSource.com**

**FAILURE TO SUBMIT FEES** (SEE INSTRUCTIONS), TO COMPLETE THIS APPLICATION, OR TO ATTACH ANY REQUIRED DOCUMENTATION WILL RESULT IN AN INCOMPLETE APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED FOR APPROVAL UNTIL IT IS COMPLETE.

PLEASE INDICATE WHICH APPRENTICESHIP YOU ARE APPLYING FOR:

- Massage Therapy Apprenticeship **\$100**
- Colonics Apprenticeship **\$100**

**1. PERSONAL INFORMATION**

**NAME:** Last/Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**DATE OF BIRTH (M/D/Y)** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**PHYSICAL LOCATION:** \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_

Same as mailing address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**HOME TELEPHONE:** \_\_\_\_\_ **WORK TELEPHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ (optional)

List all health related licenses you have ever held (**active, inactive or lapsed**). Submit a License Verification Form to all states where you have held licensure. (ATTACH ADDITIONAL SHEET, IF NECESSARY)

<u>State/Country</u>	<u>Profession</u>	<u>License No.</u>	<u>Date Of Licensure</u>

**EQUAL OPPORTUNITY DATA:**

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX:  Male  Female RACE:  White  Black  Asian/Pacific Islander  Hispanic  Other \_\_\_\_\_

NAME: \_\_\_\_\_

**2. DISCIPLINARY HISTORY** *Attach additional sheets, if necessary*

If you answer **YES**, you are required to send a letter in your own words describing in detail the circumstances surrounding any disciplinary history and request the licensing state send directly to the board office all official disciplinary documentation. **Your application will not be considered complete until these records are received.**

- A.  Yes  No Have you ever been denied or is there now any proceeding to deny your application for any healthcare license to practice in Florida or any other state, jurisdiction or country?
- B.  Yes  No Have you ever had disciplinary action taken against your license to practice any healthcare related profession by the licensing authority in Florida or in any other state, jurisdiction or country?
- C.  Yes  No Have you ever surrendered a license to practice any healthcare related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?
- D.  Yes  No Do you have any disciplinary action pending against your license?

**3. CRIMINAL HISTORY** (Review Questions & Answers section in instructions)

- A.  Yes  No Have you **EVER** been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld. **Driving under the influence (DUI) or driving while impaired (DWI) is not a minor traffic offense for purposes of this question.**
- B.  Yes  No Have charges ever been brought against you by any branch of the United States Armed Services

**4. Pursuant to Section 456.0635 (2), Florida Statutes, the following questions are being asked. If you answer "Yes" to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.**

1.  Yes  No (a.) Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "no", skip to #2.)
- Yes  No (b.) If "yes" to 1.a., have you successfully completed a drug court program for a felony offense that resulted in the plea being withdrawn or charges dismissed? (If "yes", please provide supporting documentation)
- Yes  No (c.) If "yes" to 1.a., for felonies of the first or second degree, has it been more than 15 years before the date of application?
- Yes  No (d.) If "yes" to 1.a., for felonies of the third degree, has it been more than 10 years before the date of application, except for felonies of the third degree under Section 893.13(6), Florida Statutes?
- Yes  No (e.) If "yes" to 1.a., for felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years before the date of application?
2.  Yes  No (a.) Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

- Yes    No   (b.) If "yes" to 2.a., has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?
3.    Yes    No   (a.) Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 3b.)
- Yes    No   (b.) If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?
4.    Yes    No   (a.) Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid Program? (If "No", do not answer 4b or 4c.)
- Yes    No   (b.) Have you been in good standing with a state Medicaid program for the most recent five years?
- Yes    No   (c.) Did the termination occur at least 20 years before the date of this application?
5.    Yes    No   Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?
6.    Yes    No   On or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by the Board of Massage Therapy or Department of Health? (If "yes", please provide official documentation verifying your enrollment status.)

**If you answered YES**, you are required to send a letter in your own words describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final disposition. You must submit documentation from the Clerk of Courts in the jurisdiction (state/county) in which the offense occurred, including disposition/final results. **Your application will not be considered complete until these records are received.** If the records are no longer available, you must obtain a letter of their unavailability from the county Clerk of the Court.



NAME: \_\_\_\_\_

## To Be Completed By The Establishment Owner

A.) Is your establishment equipped with tables for massage therapy?

Yes  
 No

B.) Is your establishment equipped with linen and storage areas?

Yes  
 No

C.) Is your establishment equipped with Hot and Cold packs?

Yes  No

D.) Is your establishment equipped with textbooks and teaching material on the following subjects-

- Physiology  Yes  No
- Anatomy  Yes  No
- Theory of Massage  Yes  No
- Hydrotherapy  Yes  No
- Statutes and Rules on Massage Practice  Yes  No

E.) Will the apprentice be instructed in colonic irrigation (optional)?

Yes  No

If yes, the following must be answered-

- Is your establishment equipped with sterilization equipment?  Yes  No
- Are disposable colonic attachment utilized?  Yes  No
- Is a textbook on the subject of colonic irrigation kept on the premises?  Yes  No

F.) Has the massage establishment, or owner, ever been convicted of a crime related to the practice of massage therapy, regardless of adjudication, or has the massage establishment license ever been disciplined, in any jurisdiction? If yes, please list and attach on additional sheets, the dates, jurisdiction, offense, disposition, and all other relevant information

Yes  No

**You will be inspected based on the above items. If you cannot answer "yes" to all applicable questions, you are urged to make immediate changes in order to pass inspection or delay the application for this apprentice until your facility is able to pass inspection.**

I, \_\_\_\_\_, certify that \_\_\_\_\_, employed at

(Name of establishment representative)

(Name of Sponsor)

\_\_\_\_\_ establishment license # MM \_\_\_\_\_ located at

(Name of Establishment)

\_\_\_\_\_ has my approval to sponsor

(Street Address - City, State, Zip Code, Phone #)

an apprentice at the above named establishment.

(Signature of Establishment Representative)

(Printed Name of Establishment Representative)

NAME: \_\_\_\_\_

## To Be Completed By Sponsor

**A.)**  
I, \_\_\_\_\_, hereby certify that the previously named applicant will be associated with my practice and establishment, as an apprentice, and I will be his/her sponsor and I will comply with all requirements pursuant to Rule 64B7-29 F.A.C.

**B.)**  
**Have you, the sponsor, ever had a massage therapist license, registration or certification revoked, suspended or otherwise acted against, including probation, fine or reprimand in a disciplinary proceeding in any state?**

Yes  
 No

**If yes, you must provide complete details as to the state(s), license number(s), dates and relevant circumstances on an attached sheet.**

**C.) Sponsor's Printed Name-**

**D.) Sponsor's License Number-**

**E.) Sponsor's Signature and Date**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS  
DISCLOSURE\*

Florida Department of Health  
Board of Massage Therapy

Name: \_\_\_\_\_  
                    **Last**                                    **First**                                    **Middle**

Social Security Number: \_\_\_\_\_

\* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

NAME: \_\_\_\_\_

**11. HEALTH HISTORY (Supporting documentation should be sent directly to the Board Office)**

If you answer **YES**, you are required to send a letter explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professional summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any "yes" answer. Documentation should be current within the last year.

A.  Yes  No In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?

B.  Yes  No In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?

C.  Yes  No During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice massage therapy within the past five years?

D.  Yes  No During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice massage therapy?

E.  Yes  No In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?

F.  Yes  No During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice massage therapy within the past five years?

I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for examination or licensure. Such supplement is required by section 456.013(1), F.S. Failure to do so may result in disciplinary action by the Board including denial of licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and I declare that my answers and all statements made by me herein and in support of this application are true and correct. Should I furnish any false information on or in support of this application, I understand that such action shall constitute cause for denial, suspension, or revocation of any license to practice in the state of Florida in the profession for which I am applying. I hereby acknowledge that practice as a licensed Massage Therapist in Florida is governed by Chapters 456 and 480, F.S., and Rule Chapter 64B7, F.A.C. I understand that I am under a continuing obligation to understand and keep informed of any changes to Chapters 456 and 480, F.S., and Rule Chapter 64B7, F.A.C.

Applicant Signature- \_\_\_\_\_

Date Signed- \_\_\_\_\_

# **FLORIDA BOARD OF MASSAGE THERAPY LICENSE VERIFICATION REQUEST**

## **PART I: TO BE COMPLETED BY APPLICANT**

*Send to all state(s) of licensure (not Florida). Make Copies as necessary.*

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Name original license was issued under: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

*I hereby authorize release of any information regarding my licensure status to the Florida Board of Massage Therapy.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **PART II: All verifications shall be completed in English and mailed or sent electronically directly from the state(s) or jurisdiction(s) and must include the following criteria:**

- \* Typed on an official state form or letterhead
- \* Include an official Board seal
- \* Signature and title of state Board official

### **The following information must be included in all verifications:**

- \* Licensee name
- \* License number
- \* State or jurisdiction of licensure
- \* Dates of issuance/expiration
- \* Licensure method; exam type or endorsement
- \* Licensure status
- \* Is license in good standing?
- \* Has this license ever been encumbered (denied, revoked, suspended surrendered, limited, placed on probation)?

**Complete Verifications must be mailed to or sent electronically directly from the official state licensure Board to:**

**Florida Board of Massage Therapy  
4052 Bald Cypress Way  
Bin C06  
Tallahassee, FL 32399-3256**

**Fax (850) 412-2681  
[MQA.MassageTherapy@flhealth.gov](mailto:MQA.MassageTherapy@flhealth.gov)**

**CRIMINAL HISTORY FORM**

This form must be completed if you answer "yes" to any of the criminal history questions on the application. Please complete a separate form for EACH offense. Duplicate this form as necessary.

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Level of Offense (Circle One):**                **Felony**                                **Misdemeanor**

**Location of Occurrence:** \_\_\_\_\_  
  **City**                                **State**

**Date of Offense:** \_\_\_\_\_                **Date of Sentencing:** \_\_\_\_\_

**Offense Type** (DUI, Battery, Prostitution, etc.): \_\_\_\_\_

**Explanation/details surrounding the offense:** What happened? What changes have you made? Attach additional sheets as necessary.

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**Sentencing Information:** Please list the details of your sentencing (i.e.: probation, jail time, fines/costs, programs completed, etc.).

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**Current Disposition:** Please list the current disposition of your sentencing.

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*Don't forget to attach documentation from the Clerk of Court pertaining to the arrest/charges, sentencing due to the arrest and proof of successful completion of your sentencing.*