

# Sponsoring Massage Therapist

This form is to be completed by the sponsoring massage therapist. Return the original completed form to the Board office at the address below.

A. Sponsor's Printed Name: \_\_\_\_\_  
Last/Surname First Middle

B. Sponsor's License Number: \_\_\_\_\_

C. 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 you answered "Yes", you must provide complete details as to the state(s), license number(s), dates and relevant circumstances on an attached sheet.

D. 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.

\_\_\_\_\_  
Sponsoring Massage Therapist's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

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