



Application for Massage Therapist License

Florida Board of Massage Therapy
PO Box 6330
Tallahassee, FL 32314-6330

Web: www.floridasmassage.com
E-mail: info@floridasmassage.com

Do not write in this space.
For Revenue receiving only.

APPLICATION METHOD AND FEES

Initial Licensure Fee: \$100.00
Application Fee: \$50.00
Unlicensed Activity Fee: \$5.00

**Applications received without fee payment
will not be processed.**

Total Fees: \$155.00

Fees must be paid in the form of a cashier's check or money
order made payable to "Department of Health."

*An applicant who is denied licensure or who withdraws their application prior to licensure is entitled to a refund of \$105.00 (initial
licensure fee and unlicensed activity fee). Fees are refundable for three years from the date of receipt.*

Select an application method (choose one):

Massage Therapist by Examination (X-1021)
*Choose this option if you are not licensed in another state,
territory, or jurisdiction, or if your license was issued based on
education which are not equivalent to or less stringent than
required education in Florida.*

Massage Therapist by Endorsement (X-1022)
*Choose this option if you hold an active in another state, territory,
or jurisdiction which has education requirements for licensure
which meet or exceed those required for licensing in Florida.*

PERSONAL INFORMATION

Name: _____ **Date of Birth:** _____
Last/Surname First Middle MM/DD/YYYY

Mailing Address

All correspondence relating to your application and license will be mailed to this address.

Street / PO Box: _____ **Suite/Apt:** _____

City: _____ **State:** _____ **ZIP:** _____ **Phone:** (____)-____-_____

Physical Location

*The location where you will practice, as printed on your license. If you intend to practice in multiple locations, you may list your
primary anticipated location of practice. This address appears as a part of online license verification.*

Street Address: _____ **Suite/Apt:** _____

City: _____ **State:** _____ **ZIP:** _____ **Phone:** (____)-____-_____

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 CFR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and
reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: Male Female
Race: Native Hawaiian or Pacific Islander Hispanic or Latino
 American Indian or Alaska Native Black or African American
 White Asian
 Two or More Races

EMAIL NOTIFICATION

If you want to be notified of the status of your application by email, please check "Yes" and provide your email address. Information
about your application will be sent via email. You will be responsible for checking your email regularly and updating your email address
with the Board office.

I want to be notified by email: Yes No

E-Mail Address: _____

*Under Florida law, email addresses are public records. If you do not want your email address released in response to a public
records request, do not provide an email address or send electronic mail to our office. Instead, contact us by phone or in writing.*

**CONFIDENTIAL AND EXEMPT FROM
PUBLIC RECORDS DISCLOSURE**

Last Name: _____

First Name: _____

Middle Name: _____

SOCIAL SECURITY DISCLOSURE

Pursuant to 42 U.S.C. § 666(a)(13), the department is required and authorized to collect Social Security Numbers relating to applications for professional licensure. Additionally, section 456.013(1)(a), Florida Statutes, authorizes the collection of Social Security numbers as part of the general licensing provisions.

Social Security Number: _____

Social Security Information:

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute.

In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Section 653 and 654; and Section 456.013(1), 409.2577, and 409.2598, Florida Statutes.

Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations.

Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317).

Clarification of the SSA process may be reviewed at www.ssa.gov or by calling 1-800-772-1213.

**CONFIDENTIAL AND EXEMPT FROM
PUBLIC RECORDS DISCLOSURE**

HEALTH HISTORY

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

If you responded “Yes” to any of the questions in this section, submit the following:

- **Self-Explanation** explaining the medical condition(s) or occurrence(s) and your current status.
- **A letter from a licensed health care practitioner** who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety, and states either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. Documentation must be current within the last year.

***Failure to disclose information requested in this section
may result in the denial of your application.***

APPLICANT BACKGROUND

List any other name(s) by which you have been known in the past.

List all health-related licenses (active, inactive, or lapsed):

Attach additional sheets, if necessary.

| License Type | License # | State/Country | Original Date Issued | Expiration Date | License Status |
|--------------|-----------|---------------|----------------------|-----------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If you listed a license, or licenses, above, you *may* be required to submit a license verification.

Board staff will attempt to verify your licenses using available primary-source information (i.e. online license verifications).

If verification is not available, you will be notified in writing that license verification(s) are required.

AVAILABILITY FOR DISASTER

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? Yes No

EDUCATION HISTORY

Message School Attended: _____

School State/Country: _____ Graduation Date: _____

If you attended a Board approved massage school in Florida, please answer the following:

I authorize the board approved massage school listed above to release my education information in the form of a graduate list. Yes No

If you attended a school in another state, territory, or jurisdiction and are applying *by endorsement*,
or

if you attended a Board approved massage school in Florida who does not submit graduate lists, request proof of completion of a course of study in massage therapy (i.e. transcript).

You will need to request this documentation from your school, as Board staff cannot request this documentation on your behalf.

Proof of completion should be mailed directly from your school to:

Board of Massage Therapy
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32399-3257

If you listed a state, territory or jurisdiction outside Florida above, you may be required to submit additional information concerning the approval of your massage program.

Board staff will attempt to verify this information using available primary-source information.

If verification is not available, you will be notified in writing that this documentation is required.

CONTINUING EDUCATION HISTORY (FLORIDA LAWS AND RULES COURSE)

Successful completion of a ten-hour Florida Laws and Rules course for massage therapists (covering Chapters 480 and 456, Florida Statutes and Rule Title 64B7, Florida Administrative Code) is required prior to licensure. A complete listing of available courses and providers is available at www.cebroker.com.

I attest that I have completed the required ten-hour Florida Laws and Rules course for massage therapists (if you attended a Board approved massage school in Florida, this requirement is met):

Yes No

**If you selected "No" in response to the question above,
you must submit your course completion certificate to the Board office.**

**This documentation may be emailed as an attachment to MQA.MassageTherapy@flhealth.gov,
or may be mailed to:**

Board of Massage Therapy
4052 Bald Cypress Way, Bin C-06
Tallahassee, FL 32399-3257

EXAM HISTORY

Successful completion of an approved examination is required for licensure. The examinations currently approved by the Board are the NCBTMB, NCETM, NESL, the Florida exam (prior to 1996), and the MBLEx.

If you have not taken one of these examinations, you will need to take the Massage and Bodywork Licensing Exam (MBLEx), administered by the Federation of Massage Therapy Boards, before a license can be issued. Information about the MBLEx, including registration and candidate eligibility information, can be found by visiting www.fsmtb.org.

I have taken an approved examination for licensure. Yes No

If you selected "Yes" to the question above, please provide the following:

| Examination Taken (choose all that apply): | Date of Examination (mm/dd/yyyy) |
|---|-------------------------------------|
| <input type="checkbox"/> Massage and Bodywork Licensing Examination (MBLEx) | |
| <input type="checkbox"/> National Certification Examination for Therapeutic Massage and Bodywork (NCBTMB/NCETM) | |
| <input type="checkbox"/> National Exam for State Licensure (NESL) | |
| <input type="checkbox"/> Florida state Board examination (pre-1996) | |
| <input type="checkbox"/> Other (specify): _____ | |

**If you are applying by examination,
or
if you are applying by endorsement and were not required to take an approved examination
when your license in another state, territory, or jurisdiction was issued,
request that your exam scores be sent from the exam provider to the Board office.**

Board staff cannot request exam scores on your behalf.

**Exam scores submitted by applicants (uploaded document, emailed attachment, mailed score reports, etc.)
cannot be accepted.**

BACKGROUND SCREENING REQUIREMENTS**Massage therapists are required to submit to the background screening requirements of 456.0135, Florida Statutes.**

The Florida Department of Health accepts electronic fingerprinting offered by Livescan service providers that are approved by the Florida Department of Law Enforcement (FDLE). Pursuant to 456.0135, Florida Statutes, other forms of background screening will not meet requirements for the purposes of licensing.

The Originating Agency Identification (ORI) number for the Board of Massage Therapy is:**EDOH4600Z**

Background screening results submitted by a Livescan service provider are typically made available to the Department via the Care Provider Clearinghouse within 72 hours.

Visit www.flhealthsource.gov/background-screening for a list of approved Livescan vendors and answers to frequently asked questions.

LIVESCAN PRIVACY STATEMENT

The following items are included with this application, as required by the Florida Department of Law Enforcement and the Federal Bureau of Investigation:

- Statement from the FDLE regarding the sharing, retention, privacy and right to challenge incorrect criminal history records (page X)
- Federal Bureau of Investigation "Privacy Statement" (page X)
-

Complete the following attestation by checking the box below:

- I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records, and the "Privacy Statement" document from the Federal Bureau of Investigation.

Failure to complete this attestation may delay the processing of your background screening.

CRIMINAL HISTORY

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.**

Yes No

*Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence, or driving while impaired (DWI) are **not** minor traffic offenses for the purposes of this question.*

If you answered "Yes" to this question, submit the following for each offense:

- **Self-Explanation** describing in detail the circumstances surrounding each offense.
- **Arrest Records and Final Disposition**
These documents are available from the Clerk of Courts in the arresting jurisdiction. If these records are no longer available, the Clerk of Courts will need to provide a written statement that the records are not available.
- **Completion of Sentencing** documents for any sentence imposed after conviction.
This documentation must include the start date of the sentence, the end date of the sentence, and that the conditions of the sentence were satisfied.

If you are required to submit the documentation above, you may include your documents with this application. If you opt to submit these documents separately, please submit them directly to the Background Screening Unit in one of the following ways:

Email: MQA.BackgroundScreen@flhealth.gov

Mail: Department of Health, Division of Medical Quality Assurance
Bureau of Operations – Background Screening Unit
4052 Bald Cypress Way, Bin BSU-01
Tallahassee, Florida 32399

Failure to disclose criminal history may result in the denial of your application.

CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

Important Notice: Applicants for licensure, certification, or registration and candidates for examination may be excluded from licensure, certification, or registration if their felony convictions fall into certain timeframes as established in Section 456.0635(2), Florida Statutes.

1. Have you ever been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to 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? Yes No

If you responded "No" to the question above, skip to question 2.

If you responded "Yes", complete a., b., c., and d., below:

- a. For the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence, and completion of any subsequent probation? Yes No
- b. For the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence, and completion of subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes.) Yes No
- c. For the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence, and completion of any subsequent probation? Yes No
- d. Have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? Yes No
2. 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 or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? Yes No

If you responded "No" to the question above, skip to question 3.

If you responded "Yes", complete a., below:

- 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? Yes No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? Yes No
- If you responded "No" to the question above, skip to question 4.**
- If you responded "Yes", complete a., below:**
- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? Yes No

4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? Yes No

If you responded "No" to the question above, skip to question 4.

If you responded "Yes", complete a. and b., below:

- a. Have you been in good standing with a state Medicaid program for the most recent five years? Yes No
- b. Did termination occur at least 20 years before the date of this application? Yes No
5. Are you currently listed on the United States Department of Health and Human Services' Office of the Inspector General's List of Excluded Individuals and Entities? Yes No
- If you responded "No" to the question above, continue with the application.**
- If you responded "Yes," complete a. and b., below:**
- a. If you responded "Yes" to the question above, are you listed because you defaulted or are delinquent on a student loan? Yes No
- b. If you responded "Yes" to question a, above, is the student loan default or delinquency the only reason you are listed on the LEIE? Yes No

If you answered "Yes" to any of the questions in this section, submit the following:

- **Self-explanation**, which includes the county, state, and date of each termination or conviction.
- **Supporting documentation**, including court dispositions or agency orders where applicable.

Failure to disclose criminal history may result in the denial of your application.

UNLICENSED ACTIVITY / PRIOR ACTION

Have you ever been issued a cease and desist or citation for the unlicensed practice of massage therapy or for operating an establishment without a license in Florida, or had similar action taken against you in another state, territory, or jurisdiction, for unlicensed practice of massage therapy or unlicensed operation of a massage establishment? Yes No

If you answered "Yes," submit documentation of the occurrence, including any relevant criminal or administrative filings. This documentation should demonstrate resolution of the incident.

Failure to disclose unlicensed activity may result in the denial of your application.

DISCIPLINARY HISTORY

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, territory, or jurisdiction? Yes No

Have you ever had disciplinary action taken against your license to practice any health care related profession by the licensing authority in Florida or in any other state, territory, or jurisdiction? Yes No

Have you ever surrendered a license to practice any health care related profession in Florida or in any other state, territory or jurisdiction while any such disciplinary charges were pending against you? Yes No

Do you have any disciplinary action pending against any health care related license you currently hold or have held in the past? Yes No

Have you ever been the defendant in a civil litigation in which the basis of the complaint against you was an alleged negligence, malpractice, sexual misconduct or fraud? Yes No

If you answered "Yes" to any question in this section, submit the following:

- **Self-explanation** of each disciplinary action, license surrender, pending investigation, or civil litigation.
- **Supporting documentation**, including an administrative complaint and final order for disciplinary action or license surrender, and court records for civil litigation.

INDIVIDUAL STATEMENT

I understand that it is my duty and responsibility to supplement my application after it has been submitted if and when any material changes in circumstances or conditions occur which might affect the Department's decision concerning eligibility for licensure as required by Section 456.013(1), Florida Statutes. I understand that failure to provide such supplement may result in disciplinary action or denial of licensure.

I have carefully read the questions in Part C of this 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.

I understand that it is my responsibility to operate the establishment in accordance with Chapters 456 and 480, F.S. and Rule Title 64B7, F.A.C., and that I am under a continuing obligation to understand and keep informed of any changes to Chapters 456 and 480, F.S., and Rule Title 64B7, F.A.C.

Applicant Signature: _____

Date: _____

FLORIDA DEPARTMENT OF LAW ENFORCEMENT**NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE****NOTICE OF:**

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 305-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

US Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division

PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L.92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L.94-29; Pub.L.101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN): Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal Agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice, FBI-009) and the FBI's Blanket Routine Uses (Justice, FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing the application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.