



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR LICENSE AS A MASSAGE THERAPIST

Missouri Board of Therapeutic Massage
3605 Missouri Boulevard
PO Box 1335
Jefferson City, MO 65102-1335
Telephone: (573) 522-6277 Fax: (573) 751-0735
Email: massagether@pr.mo.gov

INSTRUCTIONS

- Please read this form and instructions before completing. This form must be typed or printed legibly in black ink.
- Provide complete information (Incomplete information will delay review of the application). Enclose the application fee of \$125 made payable to the Missouri Board of Therapeutic Massage. Payment must be made in the form of a check or money order.
- If you are or have ever been licensed, certified, registered or been granted a permit as a massage therapist by another state, territory or commonwealth or the District of Columbia, request that verification of your license, registration, certification or permit be submitted by each state, territory or commonwealth or District of Columbia upon the enclosed verification of licensure form. This form must be received directly from the other state(s), territory, or commonwealth or District of Columbia in which a license, certification, registration or permit was held.
- Pursuant to § 620.127, RSMo, disclosure of your social security number (SSN) is mandatory. The board will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the board to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The board can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the board to provide your SSN to child support and tax compliance officials.
- **All background checks are performed electronically.** See application instructions for details. A license cannot be issued prior to review of the results of the background check.

**AFFIX PHOTOGRAPH
2x2**

Photo must be within the last year showing head and shoulders

APPLICATION FOR LICENSURE BY (PLEASE CHECK ONE)

National Examination Reciprocity

SECTION I - APPLICANT DATA

NAME (LAST, FIRST, MIDDLE, SUFFIX)		EMAIL	
SOCIAL SECURITY NUMBER (REQUIRED)	DATE OF BIRTH (MONTH/DAY/YEAR)	HOME TELEPHONE NUMBER	
RACE/ETHNIC GROUP (VOLUNTARY)		GENDER (VOLUNTARY)	
HOME STREET ADDRESS (IF PO BOX, PLEASE ALSO PROVIDE A STREET ADDRESS)	CITY	STATE	ZIP
E-MAIL ADDRESS (VOLUNTARY)	FAX NUMBER		
CURRENT PLACE OF EMPLOYMENT	EMPLOYMENT TELEPHONE NUMBER		
EMPLOYMENT ADDRESS	CITY	STATE	ZIP

SECTION II - EDUCATION (if additional space is needed please attach sheets as necessary.) (Also include any military medical training.)

COLLEGE, UNIVERSITY, MASSAGE THERAPY, PROGRAM/SCHOOL	CITY/STATE	DATES ATTENDED				DEGREE OR CERTIFICATE AWARDED/DATE	MAJOR COURSE OF STUDY
		FROM		TO			
		MONTH	YR	MONTH	YR		

SECTION III - LIST MASSAGE THERAPIST WORK EXPERIENCE IN THE PAST YEAR (BEGIN WITH THE MOST RECENT EMPLOYMENT USING ADDITIONAL SHEETS IF NECESSARY)

EMPLOYER NAME				EMPLOYER ADDRESS			
PLEASE CHECK ONE <input type="checkbox"/> Spa <input type="checkbox"/> Salon <input type="checkbox"/> Home Business <input type="checkbox"/> Other (Explain) _____							
FROM		TO		REASON FOR LEAVING			
MONTH	YR.	MONTH	YR.				
EMPLOYER NAME				EMPLOYER ADDRESS			
PLEASE CHECK ONE <input type="checkbox"/> Spa <input type="checkbox"/> Salon <input type="checkbox"/> Home Business <input type="checkbox"/> Other (Explain) _____							
FROM		TO		REASON FOR LEAVING			
MONTH	YR.	MONTH	YR.				

SECTION IV - BACKGROUND INFORMATION

The applicant must answer the following questions. If any of these questions are answered "yes", the applicant must provide a detailed, written explanation on a separate sheet of paper and submit explanation with the application.	Yes	No
1. Have you ever been issued a professional license, certification, registration, or permit by any state, United States territory, commonwealth, or District of Columbia? If yes, below please list from where, license/certificate number, status of license, and status. State _____ License number _____ Status _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, certification, registration, or permit by any state, country, United States territory, commonwealth or the District of Columbia? If "yes", explain on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had any professional license, certificate, registration, or permit revoked, suspended, placed on probation, or otherwise subject to any type of disciplinary action, restriction, or voluntarily surrendered under threat of investigation or disciplinary action? If "yes", explain on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold? If "yes", explain on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been arrested, charged, subject to prosecution, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed? Applicants must answer "yes" even if a suspended imposition of sentence or suspended execution of sentence was received/ordered. A. If "yes", are you currently on probation?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you now or have you in the last five years been addicted to any drug or chemical substance including alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been arrested, charged, convicted, subject to prosecution for, indicted, found guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from the use of drugs or alcohol? Applicants must answer "yes" and provide a written explanation even if a suspended imposition of sentence or suspended execution of sentence was received/ordered. A. If "yes", are you currently on probation?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a medical condition which would in any way impair or limit your ability to perform the duties of a massage therapist with reasonable skill and safety?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been a party in a civil suit that is medically related? If yes, explain on a separate sheet of paper.	<input type="checkbox"/>	<input type="checkbox"/>
10. Pursuant to section 324.010 RSMo, CHECK THIS BOX ONLY IF IN THE LAST 3 YEARS YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO MISSOURI INCOME TAX. False statements are subject to criminal penalties and/or license discipline. Information relating to state income tax compliance should be directed to MO Dept of Revenue at 573/751-7200 or e-mail income@dor.mo.gov	<input type="checkbox"/>	

SECTION V - SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties or perjury that I am the applicant referred to in the preceding application for a license to practice massage therapy in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information, and belief.

I submit for consideration this application as required by the Missouri law governing the practice of massage therapy and subject to the rules and regulations of the Missouri Board of Therapeutic Massage. I subscribe and agree to abide by all applicable laws and rules regarding the practice of massage therapy. I hereby certify that I have familiarized myself with sections 324.240-324.275 RSMo, known as the Massage Therapy Practice Act and applicable rules promulgated by the Missouri Board of Therapeutic Massage.

Enclosed is the application fee. I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

SECTION VI – PROFESSIONAL LIABILITY INSURANCE VERIFICATION

Enclose a copy of required documentation pursuant to 20 CSR 2197-3.010 (4) or enter insurance company name and policy number below.

Insurance Company _____ Policy Number _____

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF _____ YEAR _____	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		USE RUBBER STAMP IN CLEAR AREA BELOW.