



STUDENT LICENSE APPLICATION

THIS APPLICATION MUST BE TYPED OR PRINTED IN BLACK INK

INSTRUCTIONS – STUDENT LICENSE APPLICATION

- **STOP - READ THE FOLLOWING BEFORE YOU COMPLETE THIS FORM:**
- 1. This form must be typed or printed legibly in **black ink**.
- 2. It must be sent to the board by the massage therapy school, program, or board approved mentor.
- 3. Enclose a **\$25.00** application fee made payable: "Missouri Board of Therapeutic Massage" (Payment must be in the form of a check or money order) **ALL FEES ARE NON-REFUNDABLE-**
- 4. Affix a photograph of the student in the space provided to the right of this section.
- 5. A student license may be issued upon notification by the school, program, or board approved mentor that the student has demonstrated substantial progress and competency, as approved within the course of instruction, with a grade "C" or better in basic hygiene, universal precautions, contraindications, basic massage theory, basic massage hands-on practice, and review of the results of a criminal background check.
- 6. Pursuant to § 620.127, RSMo, disclosure of the applicant's social security number (SSN) is mandatory. The board will not publicly disclose the student's SSN without the student's consent, unless such disclosure is permitted by federal or state law. However, state law allows the board to disclose the student's 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 the student's 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 the student's SSN to child support and tax compliance officials.

AFFIX PHOTOGRAPH
2 X 2

Photo must be within the last 2 years showing head and shoulders

SECTION I – APPLICANT INFORMATION

STUDENT NAME (LAST, FIRST, MIDDLE, SUFFIX)

SOCIAL SECURITY NUMBER (Required)

DATE OF BIRTH (Month/Day/Year)

HOME TELEPHONE NUMBER

RACE (Voluntary)

GENDER (Voluntary)

HOME STREET ADDRESS

CITY

STATE

ZIP

E-MAIL ADDRESS

FAX NUMBER

LOCATION OF PRACTICE SITE

PRACTICE SITE TELEPHONE NUMBER

PRACTICE SITE ADDRESS

PRACTICE SITE CITY

STATE

ZIP

SECTION II - APPLICANT BACKGROUND

APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" OR CHECK MARK IN THE APPLICABLE BOX. IF A BOX IS CHECKED "YES" THE APPLICANT MUST SUPPLY A DETAILED, WRITTEN EXPLANATION ON A SEPARATE SHEET OF PAPER REGARDING THE RESPONSE 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 _____

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?

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.

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.

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?

6. Are you now or have you in the last five years been addicted to any drug or chemical substance including alcohol?

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?

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?

9. Have you ever been a party in a civil suit that was medically related? If yes, explain on a separate sheet of paper?

Instructions Application for Student License

SECTION I – APPLICANT DATA

This information must be completed by the student. If the student will be practicing at the school/program clinic, entering the school/program name in the Location of Practice Site is required and the remaining subsections can be left blank. A mentorship must include information regarding the address and telephone number for the practice site.

SECTION II – APPLICANT BACKGROUND

This information must be completed by the student. A “yes” response to any of the questions requires a written explanation. All responses must be printed or typed on a separate sheet of paper and include a clear, concise explanation. Incomplete or poorly written responses will result in the application being returned to the student for more information and delay the review process.

Question 10 addresses compliance with Missouri state income taxes and must be completed by the student. Finally, the application form must be signed and dated by the student.

SECTION III – EDUCATION INFORMATION

This section must be completed by a representative of the massage therapy school/program or mentor. The form must be notarized if the school/program has no seal or if the education is provided by a mentor.

BACKGROUND CHECK

An applicant for a license must submit to a criminal background check pursuant to section 324.267 RSMo of the licensure law that states, “Any applicant for a license to operate a massage business or a license to practice massage therapy shall authorize the board to conduct a criminal background check...The cost of such background check shall be paid by the applicant.” If an applicant submitted a criminal background check while licensed as a student, provisional or permanent massage therapist and the results are less than one year old, a second criminal background check is not required.

Section 43.543 RSMo of Missouri law authorizes state agencies to conduct a background check with the Missouri State Highway Patrol and the Federal Bureau of Investigation.

To complete the background check requirement go to the Missouri Automated Criminal History Site (MACHS) at <https://www.machs.mo.gov/MACHSFP/home.html> to register online. MACHS will take an applicant through the registration steps. If an applicant does not have internet access, s/he can call 844/543-9712

An applicant must have the four digit registration number. Applicants seeking a business license, this registration number is **5407**. The registration number ties all agency/licensure entity identifying information together to insure the background check response is returned to the correct licensing entity. The MACHS website collects all demographic data required to complete a fingerprint based background check. Results of the background check are sent directly to the board office.

PLEASE BE ADVISED THAT UNTIL THE RESULTS OF THE BACKGROUND CHECK IS RECEIVED AND REVIEWED BY THE BOARD, A LICENSE WILL NOT BE ISSUED.