



APPLICATION FOR PROVISIONAL LICENSE AS A MASSAGE THERAPIST

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 made payable to the Missouri Board of Therapeutic Massage. Payment must be made in the form of a check or money order. The fingerprint fee is for a criminal background check by the Missouri State Highway Patrol and FBI. Digital fingerprinting is used for background reports.

- Go to the Missouri Automated Criminal History Site (MACHS) at www.machs.mo.gov to make an online appointment via MACHS The automated registration system walks an applicant through the steps to make an appointment. If an applicant does not have internet access, s/he can call 877/862-2425 and a representative will make the online appointment.
- 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 FEES ARE NONREFUNDABLE. The application fee is \$75. Provisional renewal fee is \$50 (see instructions).**

You must check one of the following
I am applying for a provisional license _____ I am applying for an extension of provisional license # _____

You must check one of the following
Fingerprints submitted to Identix _____ Fingerprint cards enclosed _____

SECTION I – APPLICANT INFORMATION

NAME (Last, First, Middle, Suffix)		MO LICENSE NUMBER (If applicable)	
SOCIAL SECURITY NUMBER (Required)	DATE OF BIRTH (Month/Day/Year)	TELEPHONE NUMBER	
RACE/ETHNIC GROUP (Voluntary)		GENDER (Voluntary)	
RESIDENCE ADDRESS	CITY	STATE	ZIP
Email Address (Voluntary)	TELEPHONE NUMBER		

PROFESSIONAL LIABILITY INSURANCE (Enclose a copy of required documentation pursuant to 4 CSR 197-2.010 or enter insurance company name and policy number below.)
Insurance Company _____ Policy Number _____

SECTION II – APPLICANT BACKGROUND

APPLICANT MUST ANSWER THE FOLLOWING QUESTIONS MARKING 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.

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 _____	YES <input type="checkbox"/>	NO <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 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 III - STATEMENT OF APPLICANT

I certify that I am the person named in this application for a provisional license to practice massage; I have personally read, reviewed, and answered each of these questions and that all statements I have made herein are true and that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this application. I declare that all statements or representations contained in or attached to this form are made under oath or affirmation and are true and correct to my best knowledge under penalty of section 575.060 RSMo which specifies that anyone who makes a false statement in writing with intent to mislead a public official in the performance of his official duties is guilty of a class B misdemeanor. I subscribe and agree to abide by all applicable laws and regulations regarding the practice of massage therapy I herby certify that I have familiarized myself with the massage therapy law and applicable regulations promulgated by the Missouri board of Therapeutic Massage. I understand the application and fingerprint fee is not refundable and that the Board may require further information or evidence that it deems reasonable and proper in approving this application for licensure.

APPLICANT SIGNATURE	DATE
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NOTE: SCHOOL, PROGRAM, OR BOARD APPROVED MENTOR MUST COMPLETE SECTIONS IV - VII

SECTION IV – VERIFICATION OF EXAMINATION & CRIMINAL BACKGROUND CHECK

If applicant has submitted application for examination please check here
If this section is not checked, applicant must supply documentation of being scheduled for a national examination.
If applicant has submitted fingerprints via Cogent, please check here

SECTION V – EDUCATION VERIFICATION

There are two options for verifying completion of the program and program content.

OPTION 1 - AN OFFICAL TRANSCRIPT FROM THE MASSAGE THERAPY SCHOOL, PROGRAM, OR MENTORSHIP CAN BE SUBSTITUTED IN PLACE OF COMPLETING items 1-6. ONLY AN OFFICIAL TRANSCRIPT FROM THE SCHOOL, PROGRAM, OR MENTORSHIP WILL BE ACCEPTED.
OPTION 2 - ITEMS 1-6 (below) MUST BE COMPLETED BY A PROGRAM/ SCHOOL DIRECTOR OR A BOARD APPROVED MENTOR VERIFYING COURSE WORK IN MASSAGE THERAPY

1. NAME OF SCHOOL / MENTOR			2. MO CBHE SCHOOL NUMBER OR MENTOR LICENSE # (If a Missouri program or mentor)		
3. SCHOOL ADDRESS / CITY / STATE / ZIP CODE			4. SCHOOL TELEPHONE NUMBER		
5. BEGIN DATE		5a. COMPLETION DATE			5b. HOURS COMPLETED
MONTH	DAY	YEAR	MONTH	DAY	

6. FOR THIS APPLICANT LIST BELOW TOTAL PROGRAM HOURS IN EACH OF THE SUBJECT AREAS (Official transcript can be attached in place listing information below)		HOURS
MESSAGE THEORY & PRACTICE (Must have at least 300 program hours)		
ANATOMY & PHYSIOLOGY (Must have at least 100 program hours)		
BUSINESS PRACTICE/ PROFESSIONAL ETHICS/MESSAGE LAW (Must have at least 50 program hours)		
ANCILLARY THERAPIES (50 program hours or additional hours in theory & practice, A & P, or business)		
CPR & FIRST AID (If not part of program, applicant must document completion of CPR and first aid course)		
TOTAL PROGRAM HOURS		

SECTION VI – SCHOOL, PROGRAM, OR BOARD APPROVED MENTOR CERTIFICATION

Signature of School/Program Official or Mentor		Print Name of School/Program Official or/Mentor	
School Seal or Stamp	Date	Title of School Official	
	Do not write in this space. For office use only.		

SECTION VII NOTE: IF THE SCHOOL, PROGRAM HAS NO SEAL

SIGNATURE OF SCHOOL REPRESENTATIVE		DATE
STATE OF MISSOURI		COUNTY (OR CITY OF ST. LOUIS)
SUBSCRIBED AND SWORN BEOFORE ME, THIS Day of Year		USE RUBBER STAMP or SEAL IN AREA BELOW
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	