STATE OF FLORIDA
BOARD OF MASSAGE THERAPY

APPLICATION FOR LICENSURE
WITH INSTRUCTIONS

Board of Massage Therapy
4052 Bald Cypress Way, Bin # C-06
Tallahassee, FL 32399-3256
(850) 488-0595
WWW.FLHEALTHSOURCE.COM

August 2011 Edition

TABLE OF CONTENTS

Section I:	**General Information/Instructions**
Section II:	**Application**
Section III:	**Criminal Conviction Form/Instructions**

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ **ATTENTION** ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆

- Please retain the application instructions for your records. Do not send them to the Board Office with your application.
- Make a copy of everything you send to the Board Office including the application. You may need to reference it during the application process.
- Read all instructions thoroughly before completing the application. Most questions will be answered by reading the enclosed instructions, application, and supplemental documentation forms.
- Failure to send in required documents may result in the delay of your application processing.
- Mail the completed ORIGINAL application and cashier's check or money order to the department at the address noted in the instructions.

SECTION I:
GENERAL INFORMATION / INSTRUCTIONS

APPLICATIONS SENT TO THE BOARD FOR REVIEW

Certain applicant's files may need to be reviewed by the Board before a determination of licensure can be made. An application may be reviewed for a variety of reasons, such as (but not limited to):

- Criminal Convictions
- Previous Discipline
- Previous appearance before a licensing board or regulatory agency
- Drug/alcohol addiction/impairment
- Discrepancies in application information/materials
- Participation in an impaired practitioner program
- Other reasons as deemed necessary by the Board

The scenarios listed above are not automatically referred to the Board. The Board, not office staff, determines the necessity of a review. An applicant's file may be sent to the Board for review. If so, you will be notified in writing of the date, time and place of the meeting.

Board meeting dates are posted on the Board's website located at http://www.doh.state.fl.us/mqa/massage/ma_meeting.html. The deadline for submission of items to the Board is 5 weeks prior to the date of the meeting

It is very important that you understand the importance of these deadlines. Please refrain from making any commitments or accepting positions to practice massage therapy in Florida, as exceptions and/or special accommodations cannot be made.

REQUIREMENTS FOR LICENSURE BY ENDORSEMENT

To determine if you qualify for licensure by endorsement please refer to information on the website: http://www.doh.state.fl.us/mqa/massage/

Please note - city, county or other municipality licenses or registrations do not qualify for endorsement.

APPLICATION FEES:
Make cashiers check or money order payable to the Department of Health

Initial Licensure:	**$155.00** ($50 non-refundable application fee, $100 initial license fee & $5.00 Combat Unlicensed Activity fee)

GENERAL INFORMATION

The original application and any documents you wish to include with the application, accompanied by the applicable fee should be addressed to the following:

Department of Health
Payment Management
P.O. Box 6330
Tallahassee, FL 32314

Use of the above address will ensure receipt of the application and fee(s).

Any additional documentation (not included with the application), sent either by the applicant or by any other source on your behalf, should be mailed to the following address:

Board of Massage Therapy
4052 Bald Cypress Way, BIN #C-06
Tallahassee, FL 32399-3256

DOCUMENTATION REQUIRED

No application will be considered complete until the following supporting documentation has been received in the Board office:

- **Application** - A completed application, with all questions answered. Failure to provide an answer to every question will result in the application being deemed incomplete.
- **Transcripts** - An official transcript mailed directly from a Florida Board approved Massage Therapy school, or completion of a Board Approved Apprenticeship program.
  - If you did not attend a Florida Board Approved Massage Therapy school you will need to request your transcript be mailed directly from your massage therapy school to the Board office
- **Medical Errors** - Proof of completion of a Board approved two (2) hour medical error prevention course. If the course is not reflected on your school transcript then you must submit verification separately. The medical errors course must be completed through a board approved continuing education provider.
- **Exam** - The board accepts the following exams:
  - The National Certification Board for Therapeutic Massage and Bodywork examination (NCBTMB)
  - The National Certification Exam for Therapeutic Massage (NCETM)
  - National Exam for State Licensure (NESL) administered by NCBTMB
  - The Massage and Bodywork Licensing Examination (MBLEX) administered by the Federation of State Massage Therapy Boards

  If it has been more than one year since you have taken the exam, please contact the administrator of the examination to request an official score report be sent directly to the board office.
- **License Verification** - You must also request an official license verification(s) to be submitted to the Board directly from all State licensing boards in which you hold, or have held **any regulated professional license.** The official licensure verification must state the following:
  - Current status
  - Method of licensure (exam or endorsement)
  - Date of original licensure
  - Any discipline; if license has been disciplined please request the licensing state send directly to the board office all official disciplinary documentation
  - If you have ever had discipline on a license you must submit a self-explanation and letters of recommendation as described below in the criminal history section
- **Military Documentation –**If you have ever been sanctioned by the military or received a dishonorable discharge, you must also submit a letter explaining the sanction and documentation from the military regarding the sanction and any action taken as a result.
- **Criminal History documentation –** If you answered yes to any of the criminal history questions on the application you will need to send in the following:
  - Self-explanation: A brief, legible explanation of the events and what you are doing to insure they do not occur again
  - Final Disposition: This may be obtained from the clerk of court in the county the offense occurred. You must submit this document for each offense
  - Letters of Recommendation: 3-5 professional letters of recommendation, these letters should come from supervisors or teachers. Letters from family, friends or co-workers are not considered professional
- **Health History Documentation:**
  - Self-explanation as described above in the criminal history section
  - Letter from your physician(s) or other health care worker stating your current status and ability to practice massage therapy

Regarding Prior Criminal History and Disciplinary Actions

The Florida Board of Massage Therapy receives numerous questions from applicants regarding prior criminal offenses. The following are the most frequently asked questions:

Question: How long will it take to process my application?
Answer: Our goal is to process non-problematic applications within 21 days of our office receiving the application. However, because you have a criminal history it may take a bit longer to review your application. We will mail a letter to you within 30 days of us receiving your application.

Question: What crimes or license discipline must be reported on the application?
Answer: All convictions, adjudication withhelds, guilty pleas and nolo contendere pleas must be reported, except for minor traffic violations not related to the use of drugs or alcohol. This includes all misdemeanors and felonies, "driving while intoxicated (DWI)" and "driving under the influence "(DUI)." Crimes must be reported even if they are a suspended sentence. All prior or current disciplinary action against another professional license must be reported, whether it occurred in Florida or in another state or territory.

Question: Can a person obtain a license if they have a misdemeanor or felony crime on their record?
Answer: Each application is evaluated on a case-by-case basis. The Board of Massage therapy considers the nature, severity, and recency of offenses, rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

Question: Do I have to report charges if I completed a period of probation and the charges were closed?
Answer: Yes. Offenses must be reported to the Board even if you received a suspended sentence and the record is now considered closed.

Question: Do I have to report charges if I completed a period of probation and the charges were dismissed?
Answer: No, if the charges were dismissed, nole prossed, or dropped the offense does not have to be reported. Adjudication withheld is considered the same as a conviction for the purposes of licensure.

Applicants with previous arrest or disciplinary action on a license will not be authorized to practice massage therapy until all documentation is cleared by staff or reviewed by the Board.

APPLICATION FOR MASSAGE THERAPY LICENSURE

APPLICATIONS ARE PROCESSED IN DATE ORDER RECEIVED. **PLEASE TYPE OR PRINT IN BLUE OR BLACK INK**

DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE
FLORIDA BOARD OF MASSAGE THERAPY

Post Office Box 6330
Tallahassee, FL 32314
(850) 488-0595
www.FLHealthsource.com

FAILURE TO SUBMIT FEES (SEE INSTRUCTIONS), TO COMPLETE THIS APPLICATION, OR TO ATTACH ANY REQUIRED DOCUMENTATION WILL RESULT IN AN INCOMPLETE APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED FOR EXAM APPROVAL UNTIL IT IS COMPLETE.

PLEASE INDICATE WHICH METHOD YOU ARE APPLYING BY:

MASSAGE THERAPIST BY EXAM ☐ **$155.00**
Massage Therapist by Endorsement ☐ **$155.00**

1. PERSONAL INFORMATION

NAME: Last/Surname_____First_____Middle_____

DATE OF BIRTH (M/D/Y)_____

MAILING ADDRESS: _____ Suite/Apt. No._____

City_____ State_____ Zip_____ Country_____

PHYSICAL LOCATION:_____ Suite/Apt. No. _____
Required if mailing address is a P.O. Box but may be the same as mailing address if mailing address is not a P.O. Box

City _____ State _____ Zip _____ Country _____

HOME TELEPHONE: _____ **WORK TELEPHONE:** _____

E-Mail Notification: If you want to be notified of the status of your application by e-mail please check the yes box and write your e-mail address on the line provided below. If you choose this form of notification you will receive information regarding your application file through e-mail. You will be responsible for checking your e-mail regularly and updating your e-mail address with the Board office at: mqa_massagetherapy@doh.state.fl.us

I want to be notified by E-Mail only ☐ **Yes** ☐ **No**

E-Mail Address: _____

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 CFR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.
SEX: ☐ Male ☐ Female RACE: ☐ White ☐ Black ☐ Asian/Pacific Islander ☐ Hispanic ☐ Other _____

NAME _____

2. MASSAGE THERAPY EDUCATION HISTORY

A. MASSAGE THERAPY SCHOOL ATTENDED: _____

Address_____

City_____ State_____ Zip_____ Country_____

B. Date Graduated or Anticipated Graduation_____

C. ADDITIONAL MASSAGE THERAPY PROGRAM ATTENDED:
_____

D. Date Graduated or Anticipated Graduation_____

3. APPLICANT BACKGROUND **Attach additional sheets, if necessary**

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

B. What name(s) did you use when you received your massage therapy education?
_____

C. What name did you use when you were first licensed? (If you have ever been licensed before):
_____

D. List all licenses you have ever held (**active, inactive or lapsed**). Submit a License Verification Form to all states where you have ever held licensure. (ATTACH ADDITIONAL SHEET, IF NECESSARY)

State/Country	License No.	Date Of Licensure

4. MANDATORY EDUCATION REQUIREMENT

Completion of a two-hour course on Prevention of Medical Errors is required prior to licensure, 10 hours of Laws and Rules and 3 hours of HIV/AIDS. These courses must be from an approved Florida Board of Massage Therapy provider or massage school.

I attest I have completed the required courses listed above. ☐ **Yes** ☐ **No**

If you checked NO, please submit your course certificates to the Board office upon completion.

5. DISCIPLINARY HISTORY *Attach additional sheets, if necessary*

A. ☐ Yes ☐ No 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, jurisdiction or country?

B. ☐ Yes ☐ No Have you ever had disciplinary action taken against your license to practice any healthcare related profession by the licensing authority in Florida or in any other state, jurisdiction or country?

C. ☐ Yes ☐ No Have you ever surrendered a license to practice any healthcare related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?

D. ☐ Yes ☐ No Do you have any disciplinary action pending against your license?

NAME _____

6. CRIMINAL HISTORY (Review Questions & Answers section in instructions)

A. ☐Yes ☐ No 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. **Driving under the influence (DUI) or driving while impaired (DWI) is not a minor traffic offense for purposes of this question.**

B. ☐Yes ☐ No Have charges ever been brought against you by any branch of the United States Armed Services

7. Pursuant to Section 456.0635 (2), Florida Statutes, the following questions are being asked. If you answer "Yes" to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.

1. ☐ Yes ☐ No a. Have you been convicted of, or entered a plea of guilty or nolo contendere, regardless of adjudication, to a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If "No", do not answer 1b.)

☐ Yes ☐ No b. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction?

2. ☐ Yes ☐ No a. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 2b.)

☐ Yes ☐ No b. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?

3. ☐ Yes ☐ No a. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If "No", do not answer 3b and 3c.)

☐ Yes ☐ No b. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?

☐ Yes ☐ No c. Did the termination occur at least 20 years prior to the date of this application?

If you answered YES, you are required to send a letter in your own words describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final disposition. You must submit documentation from the Clerk of Courts in the jurisdiction (state/county) in which the offense occurred, including disposition/final results. **Your application will not be considered complete until these records are received.** If the records are no longer available, you must obtain a letter of their unavailability from the county Clerk of the Court.

8. ADDITIONAL INFORMATION

☐ Yes ☐ No **Availability for Disaster:** Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?

PLEASE COMPLETE THE ATTACHED PAGE

CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

Florida Department of Health
Board of Massage Therapy

Name: _____
Last **First** **Middle**

Social Security Number: _____

* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

NAME _____

10. EXAMINATION HISTORY

A. ☐ YES ☐ NO Have you passed an exam to be licensed as a massage therapist?

B. If YES, check the exam you passed and enter the jurisdiction (state/territory) and the month/year for which the examination was taken.

Name of Examination	State/Country	Month/Year
☐ NCBTMB	_____	_____
☐ NCETM	_____	_____
☐ NESL	_____	_____
☐ MBLEX	_____	_____

11. HEALTH HISTORY (Supporting documentation should be sent directly to the Board Office)

Supporting documentation must include a letter from the applicant explaining the medical condition(s) or occurrence(s) and current status; letter(s) from licensed professional summarizing diagnosis, treatment and prognosis; or any other official documentation as it relates to any "yes" answer. Documentation should be current within the last year.

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

B. ☐ 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?

C. ☐ Yes ☐ No During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice massage therapy within the past five years?

D. ☐ 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 massage therapy?

E. ☐ 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?

F. ☐ 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 massage therapy within the past five years?

I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for examination or licensure. Such supplement is required by section 456.013(1), F.S. Failure to do so may result in disciplinary action by the Board including denial of licensure.

I have carefully read the questions in the foregoing 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 in the profession for which I am applying. I hereby acknowledge that practice as a licensed Massage Therapist in Florida is governed by Chapters 456 and 480, F.S., and Rule Chapter 64B7, F.A.C. I understand that I am under a continuing obligation to understand and keep informed of any changes to Chapters 456 and 480, F.S., and Rule Chapter 64B7, F.A.C.

Applicant Signature: _____

Date Signed: _____

FLORIDA BOARD OF MASSAGE THERAPY LICENSE VERIFICATION REQUEST

PART I: TO BE COMPLETED BY APPLICANT

Send to all state(s) of licensure (not Florida). Make Copies as necessary.

Applicant Name: _____ SSN: _____

Address: _____

Name original license was issued under: _____

License Number: _____State: _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Massage Therapy.

Applicant Signature: _____ Date: _____

PART II: All verifications shall be completed in English and mailed or sent electronically directly from the state(s) or jurisdiction(s) and must include the following criteria:

* Typed on an official state form or letterhead
* Include an official Board seal
* Signature and title of state Board official

The following information must be included in all verifications:

* Licensee name
* License number
* State or jurisdiction of licensure
* Dates of issuance/expiration
* Licensure method; exam type or endorsement
* Licensure status
* Is license in good standing?
* Has this license ever been encumbered (denied, revoked, suspended surrendered, limited, placed on probation)?

Complete Verifications must be mailed to or sent electronically directly from the official state licensure Board to:

Florida Board of Massage Therapy
4052 Bald Cypress Way
Bin C06
Tallahassee, FL 32399-3256

SECTION III:
CRIMINAL HISTORY FORM

This form must be completed if you answer "yes" to any of the criminal history questions on the application. Please complete a separate form for EACH offense. Duplicate this form as necessary.

Name: _____

Social Security Number: _____

Level of Offense (Circle One): **Felony** **Misdemeanor**

Location of Occurrence: _____
City State

Date of Offense: _____ **Date of Sentencing:** _____

Offense Type (DUI, Assault, Prostitution, etc.): _____

Explanation/details surrounding the offense (attach additional sheets as necessary**):**

_____

_____

_____

_____

_____

Sentencing Information: Please list the details of your sentencing (i.e.: probation, jail time, fines/costs, programs completed, etc.):

_____

_____

_____

_____

_____

Current Disposition: Please list the current disposition of your sentencing:

_____

_____

_____

_____

Don't forget to attach certified documentation from the Clerk of Court pertaining to the arrest/charges, sentencing due to the arrest and proof of successful completion of your sentencing.