

FOR OFFICE USE ONLY

Board of Massage Therapist Checklist

- Application
- Application Fee
- MBLEx or BCETMB
- Transcript
- Valid ID
- Criminal Background Check-NCIC
- CPR/First Aid
- O/S License Verification



FOR OFFICE USE ONLY

Application Approved:

License Number:

Issue Date:

Grad/Temp Lic No:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

Rhode Island
 Board of Massage Therapy
 Room 104
 3 Capitol Hill
 Providence, RI 02908-5097

**Instructions and Application For
 License As A**

Massage Therapist
 by

- Endorsement
- Examination

FOR OFFICE USE ONLY

License # _____
 Name _____

MILITARY STATUS ELIGIBILITY *(Documentation Required)*
see next page for instructions

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME	FIRST NAME	MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

GENERAL INFORMATION

Licensure Requirements

All Applicants

- Fee of \$65.00 (NON-REFUNDABLE)
- Official transcript from an approved program as described under Section 1.1 or 4.2 of the Regulations
- Score/Certification sent directly from the *Federation of State Massage Therapy Boards (FSMTB) Massage and Licensing Bodywork Examination (MBLEx)* or score/certification sent directly from the *National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) National Certification Exam for Therapeutic Massage (BCETMB)*.
- Proof that you have completed a First Aid and CPR course.
- ALL Candidates must apply to the Bureau of Criminal Identification of the State or Local Police Department for a nationwide criminal records check. The report **MUST** be sent directly from the Bureau of Criminal Identification to the RI Board of Massage Therapy.

It is necessary for you to make an appointment to have your fingerprints taken for the nationwide criminal records check with the state or local police department. Please do not send actual fingerprints to the Department of Health.

APPLICANTS ARE RESPONSIBLE FOR ALL COSTS INCURRED IN THIS PROCESS.

PLEASE NOTE: Any applicant, whose criminal records check reveals a conviction for any sexual offense, shall be denied a license.

Endorsement Candidates

- License Verifications from the state(s) in which applicant holds or has held a license (see page 10).

Military Expedited

If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession the following web site. From the list click on your profession.

<http://www.health.ri.gov/licenses/>

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Center for Professional Licensing and the Rhode Island Board of Massage Therapy (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the "checklist" (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/Professions.pdf>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

Read the following instructions and those throughout the application packet carefully before completing the application. Only complete applications with the appropriate fee will be accepted. Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of \$65.00 payable to Rhode Island General Treasurer and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is **NON-REFUNDABLE**. Please be advised that this is an application fee and includes the first license only up until the next expiration date. All Massage Therapists licenses expire yearly on June 30th.
3. Valid ID - for example State driver's license or State issued ID
4. A completed official transcript sent directly from the accredited school of Massage Therapy to the Board of Massage Therapy. No student copies will be accepted. The school must be accredited by the Commission on Massage Therapy Accreditation (COMTA).
5. Scores sent directly from the FSMTB - MBLEx (Telephone 1-866-962-3926) to the Board of Massage Therapy or directly from NCBTMB-BCETMB.
6. (Endorsement Candidates): Please send the license verification form on page 10 to all states in which applicant holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications directly from the licensing authority in each state.
7. All Candidates must apply to the Bureau of Criminal Identification of the State or Local Police Department for a nationwide criminal records check. The report **MUST** be sent directly from the Bureau of Criminal Identification to the RI Board of Massage Therapy. Please contact the State or Local Police Department to make an appointment to have your fingerprints taken. Please do not send actual fingerprints to the Department of Health.
8. Mail the application and documentation to:

Rhode Island Department of Health Board of Massage Therapy, Room 104 3 Capitol Hill Providence, RI 02908-5097
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State of Rhode Island

Board of Massage Therapy

Application for License as a Massage Therapist

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

<p>1. Name(s)</p> <p>This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Title (i.e., Mr., Mrs., Ms., etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>First Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Middle Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Surname, (Last Name)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Suffix (i.e., Jr., Sr., II, III)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Maiden, if applicable</p> <p>Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).</p> <hr/>
<p>2. Social Security Number</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>U.S. Social Security Number</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>“Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.”</p>
<p>3. Gender</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>4. Date of Birth</p>	<div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; margin-right: 10px;"></div> / <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; margin-right: 10px;"></div> / <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; margin-right: 10px; text-align: center;">1</div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; margin-right: 10px; text-align: center;">9</div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; margin-right: 10px;"></div> <p>Month Day Year</p>
<p>5. Home Address</p> <p>It is your responsibility to notify the board of all address changes.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Apartment/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Country, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Home Phone</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>State</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Zip Code</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Postal Code, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Home Fax</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Email Address (Format for email address is Username@domain e.g. applicant@isp.com)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div>
<p>6. Business Address</p> <p>(ONLY if it is RELATED to your license.)</p> <p>It is your responsibility to notify the board of all address changes.</p> <p><i>This address will appear on the Department of Health web site.</i></p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Name of Business/Work Location</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Department/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Country, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Business Phone</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Extension</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Business Fax</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>State</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Zip Code</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Postal Code, if NOT U.S.</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div>

Applicant: Print your complete last name >

7. Preferred Mailing Address Please check <u>ONE</u>	<input type="checkbox"/> Please use my Home Address as my preferred mailing address <input type="checkbox"/> Please use my Business Address as my preferred mailing address																																																												
8. Qualifying Education Please list the name and information about the school that you attended that qualifies you for this license.	<table style="width:100%; border-collapse: collapse;"><tr><td style="border: 1px solid black; height: 15px; width: 100%;"></td></tr><tr><td style="font-size: 8px;">Type of School (University, College, Technical School, etc.)</td></tr><tr><td style="border: 1px solid black; height: 15px; width: 100%;"></td></tr><tr><td style="font-size: 8px;">Name of School</td></tr><tr><td style="padding: 2px;">Date Graduated: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;"> </td><td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;"> </td></tr><tr><td style="font-size: 8px; text-align: center;">Month</td><td style="font-size: 8px; text-align: center;">Year</td></tr></table></td></tr><tr><td style="border: 1px solid black; height: 15px; width: 100%;"></td></tr><tr><td style="font-size: 8px;">Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)</td></tr></table>		Type of School (University, College, Technical School, etc.)		Name of School	Date Graduated: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;"> </td><td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;"> </td></tr><tr><td style="font-size: 8px; text-align: center;">Month</td><td style="font-size: 8px; text-align: center;">Year</td></tr></table>			Month	Year		Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)																																																	
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9. Other State License(s) Please answer the question and list state(s), if applicable	<p>Have you ever held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to this question is “yes”, enter all other state licenses in Question 10 (below):</p>																																																												
10. Licensure List all states or countries in which you are now, or ever have been licensed to practice your profession.	<table style="width:100%; border-collapse: collapse;"><thead><tr><th style="width: 50%; text-align: left; font-size: 8px;">State/Country:</th><th style="width: 10%;"></th><th style="width: 10%;"></th><th style="width: 10%; text-align: left; font-size: 8px;">State/Country:</th><th style="width: 10%;"></th><th style="width: 10%;"></th></tr></thead><tbody><tr><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td></tr><tr><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td></tr><tr><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td></tr><tr><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td></tr><tr><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td></tr><tr><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td></tr><tr><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td></tr><tr><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td></tr><tr><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td><td>_____</td><td><input type="checkbox"/> Active</td><td><input type="checkbox"/> Inactive</td></tr></tbody></table>	State/Country:			State/Country:			_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	_____	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive
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DOCUMENTATION NEEDED for Endorsement Applicants:

YOU must send an “Interstate Verification Form” (See page 10) to each state in which you are, or ever have been, licensed as a Massage Therapist (Make copies as needed).

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8 1/2 x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Three horizontal lines for listing convictions.

Month Year grid for date entry.

12. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes No



Note: If you answer "Yes" to any question, you are required to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper. Any applicant, whose criminal records check reveals a conviction for any sexual offense, shall be denied a license.

Large area of horizontal lines for providing details for 'Yes' answers.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Massage Therapist in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Massage Therapy of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant _____

Date of Signature (MM/DD/YY) _____

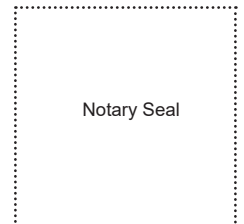
The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp) _____

Signature of Notary _____

Notary No/Commission No. _____

Commission Expiration Date (MM/DD/YY) _____



APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the "Instructions for Completing the Application".
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, "Affidavit of Applicant", and had the form notarized by a notary public.
- I have attached a copy of my valid state driver's license or state issued ID.
- I have a check or money order (preferred), made payable (in U.S. funds only) to the:
"Rhode Island General Treasurer" in the amount of \$65.00 (NON-REFUNDABLE) and attached it to the upper left-hand corner of the Cover (Top) page of the application.
- I have arranged my Board Application materials in the following order.
 1. Fee (attached as instructed).
 2. Board Application (including cover page) and pages 5-8.
 3. Supporting documentation as required. [Note: Pages containing additional information in continuation of the Board application MUST indicate the section for which the information is being reported.]
 4. * Copy of First Aid and CPR Certificate
- I have mailed the above application materials directly to the Rhode Island Board of Massage Therapy.

Required Forms

- I have completed and mailed the following forms as instructed.
 1. Interstate Verification Form(s) - Other State License(s) - ENDORSEMENT CANDIDATES ONLY.

Other Documents

- I have requested a school transcript and my certification score (MBLEx) or (BCETMB) be sent directly to the RI Massage Therapy Board as instructed.
- I have requested a National background check from the Bureau of Criminal Identification be sent to the RI Board of Massage Therapy as instructed.



Rhode Island Board of Massage Therapy
 Room 104, 3 Capitol Hill
 Providence, RI 02908-5097
 (401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Massage Therapist in the State of Rhode Island. The Rhode Island Board of Massage Therapy requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Massage Therapy at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE MASSAGE THERAPY BOARD

Massage Therapy Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the National Certification (NCBTMB) or (MBLEX) Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

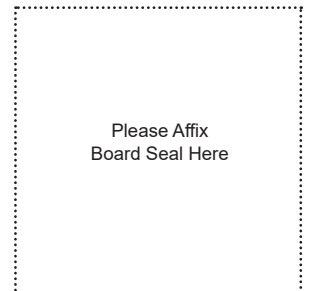
Questions:

1. Has this licensee ever been investigated by your Board? Yes No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature	Date
Type or Print Name	
Title	
Full Name and State of Licensing Board	



Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Department of Health
Massage Therapy Licensing
Center for Professional Licensing, Room 104
3 Capitol Hill, Providence, RI 02908-5097

NATIONAL CRIMINAL RECORDS CHECK - (NCRC)

In accordance with Rhode Island General Laws, all applicants for Massage Therapy license must obtain a National Criminal Records Check (NCRC). As part of this check your fingerprints will be taken.

TO: MESSAGE THERAPY LICENSE APPLICANT

Please obtain a National Criminal Records Check (NCRC) from your local police department or by appointment with the Rhode Island State Police (401-444-1110). As part of the NCRC your fingerprints will be taken. Once the check has been processed the results will be sent directly to the Department of Health and a copy will be sent to you.

Please bring this to the law enforcement agency and inform them that you are applying to become licensed as a Massage Therapist so that the results of the check are routed to the correct office.

Massage Therapy License Applicant Name: _____

Massage Therapy License Applicant Date of Birth: _____ / _____ / _____
Month Day Year

Massage Therapy License Applicant Address: _____



TO: LAW ENFORCEMENT AGENCY

Please provide a National Criminal Records Check (NCRC) which shall include fingerprints for the above-named Massage Therapy License applicant. Please send the "Qualify/Does Not Qualify" letter to:

Rhode Island Department of Health
Center for Professional Licensing
Massage Therapy Licensing
3 Capitol Hill, Room 104
Providence, RI 02908-5097