

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

Massage Therapist

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any <i>local, state or federal licensing, enforcement or regulatory agency</i> ?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility (<i>domestic or foreign</i>) in any jurisdiction or on probation/parole in any jurisdiction?*

***NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions 9,10,11 or 12 you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Verification of Completion of Massage Program

To be completed by applicants who completed an approved formal education program.
See the checklist at the end of this application for additional instructions.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EDUCATION

To be completed by the Official Program Representative:

Start Date: _____ **End Date:** _____
MM/DD/YYYY MM/DD/YYYY

Please list the total number of hours of training in each of the following categories:

Anatomy, Physiology and Kinesiology: _____

Pathology: _____

Massage Theory (including the 5 Basic Swedish Massage Strokes and hands on instruction): _____

Professional Standards, Ethics and Business Practices: _____

Sanitation and Universal Precautions (including CPR and First Aid): _____

Clinic _____

Other, Please specify (Use additional sheets if necessary): _____

Total hours of all training: _____

By signing below, I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-47b-302 or 302a.

I further certify that the applicant is qualified and competent to practice as a licensed massage therapist.

Signature: _____ **Date:** _____

Name of School: _____ **School License Number:** _____

Address: _____
Street/PO Box City State/Zip

(Seal)

*Please affix the school seal to the left, **attach a COPY of your Letter of Accreditation** and seal this form in an envelope with the school seal over the envelope flap and send directly to DOPL or provide to the applicant to include in their application.

Verification of Completion of Apprentices Program

To be completed by applicants who completed an approved apprentices program.
See the checklist at the end of this application for additional instructions.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EDUCATION

To be completed by the Instructor:

Start Date: _____ **End Date:** _____
MM/DD/YYYY MM/DD/YYYY

Please list the total number of hours of training in each of the following categories:

Anatomy, Physiology and Kinesiology: _____

Pathology: _____

Massage Theory: _____

Massage Techniques (*including the 5 Basic Swedish Massage Strokes*): _____

Massage Client Service: _____

Hands on Instruction _____

Professional Standards, Ethics and Business Practices: _____

Sanitation and Universal Precautions (*including CPR and First Aid*): _____

Other, Please specify (*Use additional sheets if necessary*): _____

Total hours of all training: _____

By signing below, I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-47b-302c (5).

I further certify that the applicant is qualified and competent to practice as a licensed massage therapist.

Signature: _____ **Date:** _____

Address: _____
Street/PO Box City State/Zip

**Please place this form in an envelope and sign over the envelope flap and send directly to DOPL or provide to the applicant to include in their application.*

Verification of Licensed Practice

To be completed by applicants who are licensed in another state and applying with an equivalent education and training as outlined in R156-17b-302a

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

LICENSED PRACTICE

To be completed by the employer*:

Name of Supervisor: _____ **License Number:** _____

Name of Facility: _____

Facility Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Dates of Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

How many hours per week did the applicant work? _____ Part time Full Time

Total number of hours worked: _____

Describe the duties and responsibilities of the applicant: _____

Were both you and the applicant working in the same employment setting where the experience hours were obtained?

Yes No, please explain: _____

Is the applicant currently employed with the facility? Yes No

If no, is the applicant re-hirable? Yes No, Please explain: _____

By signing below, I certify that the applicant named above was actively engaged in the lawful practice as a Massage Therapist at the above named establishment for the time listed.

I further certify that the applicant is qualified and competent to practice as a licensed massage therapist.

Signature: _____ **Date:** _____

Address: _____
Street/PO Box City State/Zip

Please place this form in an envelope and sign over the envelope flap and send directly to DOPL or provide to the applicant to include in their application.

*If self-employed, you may complete the form yourself. Additional documentation may be required to verify hours.

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

The following items are required to complete your application:

- \$100.00 non-refundable application processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire". See page 2 of the application for more information.
- 2 sets of fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI).
 - **Please Note:** Fingerprint services are available, with no additional charge for DOPL applicants, at DOPL's office (160 E 300 S Salt Lake City) from 8:00am to 4:30pm. Applicants that arrive late in the day without leaving sufficient time to be processed may be turned away. **Valid government issued ID (i.e. US Driver's License, State ID, Passport or US Military ID) is required.** If you are unable to obtain fingerprints at DOPL's office, you must include two (2) completed blue fingerprint cards (Form FD-258) with your application.
 - **REVIEW OF YOUR FBI RECORD:** If you wish to challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI, Criminal Justice Information Services (CJIS) Division, Attn. SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.
- Official documentation of passing one* of the following:
 - Federation of State Massage Therapy Boards (FSMTB) Massage and Bodywork Licensing Examination (MBLEx)*
 - If taken PRIOR to February 1, 2015:
 - National Certification Examination for Therapeutic Massage and Body Work (NCETMB)
 - National Certification Examination for Therapeutic Massage (NCETM)
 - National Examination for State Licensure (NESL)

***NOTE:** Applications for licensure as a massage therapist who have completed the Utah Apprenticeship must take and pass the FSMTB MBLEx

- Official documentation of meeting one of the following educational pathways:
 - Verification of Completion of a Massage Program (*page 3 of this application*) documenting completion of an approved massage program showing you have completed not less than 600 hours of training of meeting the education requirements outlined in R156-47b-302.
 - Verification of Completion of Utah Apprentice Program form (*page 4 of this application*).
 - If you are licensed in another state, and your formal education consisted of at least 500 hours that does not meet the requirements of R156-47b-302:
 - Verification of Completion of a Massage Program (*page 3 of this application*) documenting completion of an approved massage program that consisted of at least 500 hours
 - Official verification of license from one or more jurisdictions in which you are currently licensed. Verifications must cover the time period used to document the hours required below. **AND**
 - Verification of Licensed Practice, (*page 5 of this application*) documenting 3 years of work experience.
 - If you are licensed in another state, and completed an apprenticeship program:
 - Official verification of your license that includes documentation of completing an equivalent apprentice program as outlined in R156-47b-302c(5). **AND**
 - Verification of Licensed Practice, (*page 5 of this application*) documenting of 3 years hours of work experience.
 - If you are a foreign trained massage therapist:
 - Documentation of Foreign Education and Training approval by: (A) Josef Silny & Associates, Inc.; (B) International Education Consultants; or (C) Educational Credential Evaluators. Inc.; **AND**
 - Verification of Licensed Practice, (*page 5 of this application*) documenting 3 years of work experience.

NOTE: Verifications are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal or the instructor/employers signature on the envelope flap.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741