



State of Utah

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741
 Salt Lake City, Utah 84114-6741
 Telephone (801) 530-6628
www.dopl.utah.gov

MESSAGE THERAPIST *(\$100.00 Non Refundable Application Fee)*

(Note: Microsoft Word users can fill in the blanks, print the form and save it for their records)

*****Please list your full legal name as it appears on your driver's license, Social Security Card, etc.*****

Last Name:			First Name:			Middle Name:		
Social Security Number: - -				Maiden Name:				
I certify under penalty of perjury that:								
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __								
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.								
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __								
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.								
<input type="checkbox"/> I am a foreign national not physically present in the United States.								
Mailing Address:								
City:						State:		ZIP:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:			Phone #:			E-Mail:	
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>								
Profession:			Issuing State:					
License Number:			License Status:			Issue Date:		
Profession:			Issuing State:					
License Number:			License Status:			Issue Date:		
Profession:			Issuing State:					
License Number:			License Status:			Issue Date:		
Profession:			Issuing State:					
License Number:			License Status:			Issue Date:		

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved/Denied: ___ / ___ / ___ by _____

Reason for Denial/Other Comments: _____

Bureau Manager Review: QQ Yes answers or Education or Exam Approve Deny

AFFIDAVIT and RELEASE AUTHORIZATION FOR APPLICANT

1. I certify that 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 its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; 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, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, 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 of Occupational and Professional Licensing 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 you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Name: _____ Signature: _____ Date: _____

PROFESSIONAL EDUCATION *(Use additional sheets if necessary.)*

Name of School:		Dates Attended:		To:
Location:			Date of Graduation:	
Mailing Address:		City:	State:	ZIP:
Name of School:		Dates Attended:		To:
Location:			Date of Graduation:	
Mailing Address:		City:	State:	ZIP:

PROFESSIONAL EXAMINATION REQUIREMENT

- NCBTMB Examination, Date(s) Taken:
- NCETM Examination, Date(s) Taken:
- NESL Examination, Date(s) Taken:
- MBLEX, Date(s) Taken:

QUALIFYING QUESTIONNAIRE

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

(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. 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 health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?

<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Have you been named as a defendant in a malpractice suit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions or conditions imposed by any malpractice carrier?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	18. If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	21. 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No	22. 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 the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	24. 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? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (<i>i.e. plea-in-abeyance or deferred sentence</i>)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	27. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?
	<p>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 23, 24, 25, 26, or 27 you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).</p> <p>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.</p> <p>If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.</p> <p>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.</p>

UTAH MASSAGE THERAPY LAW and RULE EXAMINATION

This examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah statute as well as Utah law and rule. If you are uncertain about any of the questions listed below, please refer to the references listed

Massage Therapy Practice Act, 58-47b - <http://dopl.utah.gov/laws/58-47b.pdf>

Massage Practice Act Rules, R156-47b - <http://dopl.utah.gov/laws/R156-47b.pdf>

Utah Code of Ethics Standard VI - http://www.dopl.utah.gov/licensing/forms/Utah_MT_code_of_ethics_and_standards_of_practice.pdf

True	False	Question
<input type="checkbox"/>	<input type="checkbox"/>	1. A massage therapist may administer medicine or drugs to a client.
<input type="checkbox"/>	<input type="checkbox"/>	2. A massage therapist may advertise and represent himself as practicing massage therapy immediately upon graduation from a massage school or apprenticeship program.
<input type="checkbox"/>	<input type="checkbox"/>	3. A supervising massage therapist is responsible for any massage therapy service performed by an apprentice.
<input type="checkbox"/>	<input type="checkbox"/>	4. A massage therapy license allows the massage therapist to ignore compliance with local ordinances relating to the regulation of a massage establishment?
<input type="checkbox"/>	<input type="checkbox"/>	5. Any person who violates the unlawful conduct provisions defined in Title 58 Chapter 47b is guilty of a class B misdemeanor.
<input type="checkbox"/>	<input type="checkbox"/>	6. A massage therapist who has a minimum of 60 additional hours of specialized training may perform animal massage.
<input type="checkbox"/>	<input type="checkbox"/>	7. A massage therapist may perform prostate massage through the wall of the rectum of a male client if the client gives verbal consent.
<input type="checkbox"/>	<input type="checkbox"/>	8. Once you have successfully passed a fingerprint background check to practice massage, you may not be required by any other state or local government to submit to a second fingerprint background check as a condition of lawfully practicing massage in Utah.
<input type="checkbox"/>	<input type="checkbox"/>	9. Homeostasis is defined as the passive and active movements of the joints of a client, including the spine?
<input type="checkbox"/>	<input type="checkbox"/>	10. As a licensed massage therapist sexual activity with clients, students, employees, supervisors, or trainees is prohibited even if consensual?
<input type="checkbox"/>	<input type="checkbox"/>	11. A massage therapist is permitted to promote the health and well-being of a client, enhance the circulation of the blood and lymph, relax and lengthen the muscles, and relieve the pain of a client?
<input type="checkbox"/>	<input type="checkbox"/>	12. A massage therapist is not permitted to touch the genital area of a client.
<input type="checkbox"/>	<input type="checkbox"/>	13. It is unethical for a massage therapist to engage in sexual activity with the client while a massage therapist/client relationship exists.
<input type="checkbox"/>	<input type="checkbox"/>	14. A massage therapist shall, at all times, use appropriate draping procedures to protect the client's personal privacy?
<input type="checkbox"/>	<input type="checkbox"/>	15. A massage apprentice is only permitted to work when the massage therapist supervisor is present in the area and immediately available?
<input type="checkbox"/>	<input type="checkbox"/>	16. A massage apprentice is permitted to work when the massage therapist supervisor is available for immediate voice communication?
<input type="checkbox"/>	<input type="checkbox"/>	17. A massage therapist is permitted to use of the hands or a mechanical or electrical apparatus in connection with the manipulation of the soft tissue of the body?
<input type="checkbox"/>	<input type="checkbox"/>	18. A massage therapy license does not allow the massage therapist to ignore compliance with state and local health or sanitation codes?
<input type="checkbox"/>	<input type="checkbox"/>	19. The Utah Massage Therapy Practice Act defines failing to maintain mechanical or electrical equipment in a safe operating condition as unlawful conduct.
<input type="checkbox"/>	<input type="checkbox"/>	20. The practice of massage includes colon hydrotherapy?

MESSAGE SCHOOL CURRICULUM STANDARDS EDUCATION AND TRAINING CLASS/CONTACT HOURS

PART 1: TO BE COMPLETED BY THE APPLICANT: Complete this section and have your school complete Part 2 and submit. (Make additional copies as needed.)

Last Name:	First Name:	Middle Name:
Maiden Name:	Social Security Number: - -	
Mailing Address:		
City:	State:	ZIP:

PART 2: TO BE COMPLETED BY THE MESSAGE THERAPY SCHOOL:

Please furnish the information requested, sign and verify the document, and place the completed form, with an official transcript and documentation of accreditation as a private post-secondary educational institution, or its equivalent at the time the applicant attended, in an envelope, seal the envelope and provide it to the applicant in person or by mail. (Faxes are not accepted)

Date of Enrolment:	Date of Graduation:		
Name of School:			
Address of School:			
City:	State:	Zip:	
Phone #:	E-Mail:		

Anatomy, Physiology And Kinesiology – Course Work (125 hrs min.)	
Course Name/Number	Hours
Sub - Total	(125 hrs min.)

Massage Theory Including The Five Basic Swedish Massage Strokes– Course Work (285 hrs min.)	
Course Name/Number	Hours
Sub - Total	(285 hrs min.)

Professional Standards, Ethics and Business Practices – Course Work (35 hrs min.)	
Course Name/Number	Hours
Sub - Total	(35 hrs min.)

(Continued on the next page)

Sanitation and Universal Precautions Including CPR and First Aid – Course Work (15 hrs min.)

Course Name/Number	Hours
Sub - Total	<i>(15 hrs min.)</i>

Clinic– Course Work (100 hrs min.)

Course Name/Number	Hours
Sub - Total	<i>(100 hrs min.)</i>

Pathology – Course Work (40 hrs min.)

Course Name/Number	Hours
Sub - Total	<i>(40 hrs min.)</i>

Other Related Massage Subjects As Approved By The Division

Course Name/Number	Hours
Sub - Total	<i>No specific requirement.</i>

Total Number of Hours Completed

(600 hrs min.)

Signature:	Date of Signature:
Printed Name:	Title:

(SEAL)

COMPLETION OF APPRENTICE PROGRAM

(Submit this form upon the completion of an apprentice program only.)

PART 1: TO BE COMPLETED BY THE APPLICANT: Complete this section and have your apprentice supervisor complete Part 2 and submit. *(Make additional copies as needed.)*

Last Name:	First Name:	Middle Name:
Maiden Name:	Social Security Number: - -	
Mailing Address:		
City:	State:	ZIP:
Signature of Applicant:		Date of Signature:

PART2: TO BE COMPLETED BY THE SUPERVISOR:

Name of Apprentice:	Apprentice's License Number:
Name of Supervisor:	Supervisor's License Number:
Date Apprentice Program Began:	Date Apprentice Program Completed:
Name of Business:	
Mailing Address:	
City:	State: ZIP:

<i>Subject Area</i>	<i>Hours</i>
Total Massage Theory Training <i>(minimum 50 hrs)</i>	
Total Hours of Hands-On Instruction <i>(minimum 310 hrs)</i>	
Total Massage Client Service Hours <i>(minimum 300 hrs)</i>	
Total Massage Techniques Training Hours <i>(including the five basic Swedish Massage strokes) (minimum 120 hrs)</i>	
Total Anatomy, Physiology, and Kinesiology Training Hours <i>(minimum 125 hrs)</i>	
Total Pathology Training Hours <i>(minimum 40 hrs)</i>	
Total Professional Standards, Ethics and Business Practice Training Hours <i>(minimum 40 hrs)</i>	
Total Sanitation and Universal Precautions including CPR and First Aid Training Hours <i>(minimum 15 hrs)</i>	
Grand Total Number of Training Hours Complete <input type="checkbox"/>	

I certify that the applicant's performance was:

- satisfactory.
- not satisfactory. Please explain below.

(Continued on the next page.)

I certify that the applicant:

- is qualified and competent to practice massage.
- is not qualified and competent to practice massage. Please explain below.

I declare under penalty of perjury that the information contained on this form is truthful, correct, and complete. I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with DOPL or the licensing board through use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

Signature of Supervisor:

Date Signed:

Supervisor's Comments:

VERIFICATION WORK EXPERIENCE

PART 1: TO BE COMPLETED BY THE APPLICANT: Complete this section and have your employer complete Part 2 and submit.
(Make additional copies as needed.)

Last Name:	First Name:	Middle Name:
Maiden Name:	Social Security Number: - -	
Mailing Address:		
City:	State:	ZIP:
Signature of Applicant:		Date of Signature:

PART 2: TO BE COMPLETED BY THE EMPLOYER:

Employer Name:			
License Number:	Date Licensed	Nr Years Licensed:	
Business Name:			
Business Address:			
Business City:			State: ZIP:
Dates Employed: From:	To:	Average Hours Per Week:	Total Hours Completed:
Nature of Applicant's Duties:			
Was Applicant's Performance Satisfactory? Yes No If No please explain:			
Signature of Employer:			Date of Signature:

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REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

PART 1: TO BE COMPLETED BY THE APPLICANT: Complete the first section of the form and submit it to a state in which you are **currently** licensed. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Last Name:	First Name:	Middle Name:
Maiden Name:	Social Security Number: - -	
Mailing Address:	City:	State: ZIP:
Date of Birth:	E-Mail:	Date of Graduation:
I am requesting licensure in the State of Utah as a MASSAGE THERAPIST .		
I am/have been licensed in your state under the name:		License nr in your state is/was:
I have enclosed the necessary license verification fee in the amount of \$		
Signature of Applicant:		Date of Signature:

PART 2: TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail it directly to DOPL, or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the sealed verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee *(as it appears in verifying state's records)*: _____

Classification of License Issued: _____

License Number: _____ Current Status: _____

Original Date of Licensure: ___/___/___ Expiration Date: ___/___/___

Continuously Licensed:

Yes No, please explain: _____

Licensed By:

Exam, Type: _____ Date: ___/___/___

Endorsement: from what state? _____

Examination Scores: _____

Education Required for Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

No Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

(SEAL)

Agency: _____

Date: ___/___/___

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MESSAGE THERAPIST

Application Instructions

Attachment Checklist <i>(Applications with incomplete attachments will not be considered and may be denied.)</i>	
<input type="checkbox"/>	<p>Submit one of the following to document completion of the education and training requirements for licensure as a massage therapist:</p> <p>A. An official copy of your transcript and certificate of completion from a massage school educational program registered with the Utah Division of Consumer Protection or accredited by an accrediting agency recognized by the United States Department of Education, showing that you have completed not less than 600 hours of training. <i>You should have the school send the transcript directly to DOPL; or you may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.</i></p> <p>OR</p> <p>B. The "Completion of Apprentices Program" form <i>(included in this application)</i> if you completed an apprenticeship as a Utah licensed massage apprentice showing you have completed a minimum of 1,000 hours of supervised training.</p> <p>OR</p> <p>C. If you are currently licensed in another state, use the "Request for Verification of License" form <i>(included in this application)</i> to obtain verification of licensure from a state in which you have been licensed as massage therapist. Request that the verifying state complete the form and mail it directly to DOPL or return them <i>(in a sealed envelope)</i> to you for submission with your application.</p> <p>AND</p> <p>Submit documentation verifying certification with the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) or the Federation of State Massage Therapy Boards (MBLEX) and Body Work Massage Examination. <i>If you graduated with a minimum of 500 hours but less than 600 hours of training from a licensed or recognized school outside the state of Utah you must also verify work experience as a licensed massage therapist for a minimum of 2,000 hours. If you qualified for licensure through an equivalent apprenticeship program outside the state of Utah you must verify work experience as a licensed massage therapist for a minimum of 4,000 hours.</i></p>
<input type="checkbox"/>	<p>Submit one of the following from the National Certification Board for Therapeutic Massage and Body Work ("NCBTMB") or the Federation of State Massage Therapy Boards (MBLEX) verifying your passing score to document completing the examination requirement:</p> <p>A. The original letter from DOPL's approved examination provider verifying your passing score;</p> <p>OR</p> <p>B. The Original Score Report from DOPL's approved examination provider verifying your passing score;</p> <p>OR</p> <p>C. The Preliminary Candidate Score Report from DOPL's approved examination provider verifying your passing score;</p> <p>OR</p> <p>D. The National Certification Certificate from DOPL's approved examination provider verifying your passing score.</p>
<input type="checkbox"/>	<p>Submit a completed "Utah Massage Law and Rule Examination" <i>(included in this application)</i>.</p>
<input type="checkbox"/>	<p>Bring your completed application to DOPL's offices <i>(160 E. 300 S., Main Lobby, Salt Lake City, Utah)</i> to complete electronic fingerprinting using DOPL's Identix equipment.</p> <p>OR</p> <p>Submit two applicant fingerprint cards <i>(Form FD-258: white with blue lines)</i> to be used by DOPL for a search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI).</p>
<input type="checkbox"/>	<p>Submit non refundable application fees of \$100.00 <i>(that includes a \$60.00 application fee for a massage apprentice license, a \$20.00 surcharge for a BCI fingerprint file search, and a \$20.00 surcharge for an FBI fingerprint file search.)</i></p>

1. **Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. If an SSN is not provided, the application is incomplete and may be denied.
2. **Address of Record:** The address you provide on this application will be your address of record. You are responsible to directly notify DOPL of any change to your address of record.
3. **Laws and Rules:** You are required to understand Utah laws and rules pertaining to your practice. The following laws and rules are available on the Internet at www.dopl.utah.gov.

4. **NCBTMB Certification:** To request information to take the National Certification Board for Therapeutic Massage and Bodywork Examination and become certified by NCBTMB, call: 800-296-0664 or 703-610-9015 or visit their website: www.ncbtmb.org or (866) 962-3926 or (866) 9MB-EXAM.

OR

FSMTB Examination: To request information to take the Federation of State Massage Therapy Boards' Massage and Bodywork Licensing Examination (MBLEx), call (866) 962-3926 or visit their web site at www.fsmtb.org

5. **Fingerprint Information:** All applicants are required to undergo a criminal background check and fingerprint search through the files of the Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigation (FBI). **Fingerprint cards that are not complete and/or properly rolled will be rejected, delaying the licensure process.**

To expedite the licensure process, you can obtain electronic fingerprinting at DOPL's offices (160 E. 300 S., Salt Lake City, Utah), 8:00 a.m. to 4:00 p.m., Monday through Friday, except holidays. Currently, there is no fee to roll electronic fingerprints for DOPL licensure applicants. A current government issued picture ID is required.

If you are unable to obtain electronic fingerprints at DOPL's office, you must include two (2) blue fingerprint cards (*Form FD-258*) with your application. Fingerprint cards are supplied with the application if obtained from DOPL. If you downloaded the application from the Internet, you may obtain fingerprint cards from DOPL, the Bureau of Criminal Identification (BCI), or your local police station. **To have your fingerprints rolled onto the blue fingerprint cards, you must go to BCI or a local police station.**

BUREAU OF CRIMINAL IDENTIFICATION (BCI) INFORMATION:

- Check with BCI for pricing of their services
- Walk-ins only; no appointments taken
- Fingerprinting and Photo Services are available from 8:00 a.m. – 5:00 p.m.,
- Monday - Friday except holidays
- Government-issued picture ID required (*driver's license, state ID, passport, etc.*)
- Website: www.bci.utah.gov
- Phone: (801) 965-4569
- Address: 3888 W. 5400 S., Taylorsville, UT 84118 (*1/2 block west of Bangerter Highway, behind McDonalds*)

WARNING: If information received from the Utah Bureau of Criminal Identification or the Federal Bureau of Investigation indicates that you have failed to accurately disclose your criminal history to the Division of Occupational and Professional Licensing, any massage license issued to you will be immediately and automatically revoked.

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.

6. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL's main office – but not over the telephone.
7. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers: (801) 530-6628
(866) 275-3675 – Toll-free in Utah