

Massage Therapist Form 1

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Department Use Only

Application for Licensure

Please complete all four pages of this application **in ink**

All applicants for licensure must complete this form and submit it with the appropriate licensure and registration fee directly to the Office of the Professions at the mailing address at the end of this form. The fee for your license is \$108 and the Fee for a limited permit is \$35. You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. You must sign and date the Affidavit on this form in the presence of a Notary Public.

2 Social Security Number
(Leave this blank if you do not have a U.S. Social Security Number)

3 Birth Date Month Day Year

4 Print Name
Last
First
Middle

Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.

5 Mailing Address: Home or Business
(You must notify the Department promptly of any address or name changes.)
Line 1
Line 2
Line 3
City
State Zip Code
Country/Province

8 Name as it appears on degree or other credentials (if different from above): _____

9 Are you applying for licensure by endorsement of a massage therapy license issued by another jurisdiction? YES NO
If "yes", check any of the following that apply:
 I have passed a written examination that was required for massage therapy licensure in the jurisdiction where I am licensed which is satisfactory to the State Board for Massage Therapy and acceptable to the department, such as the National Certification Examination for Therapeutic Massage and Bodywork (NCETMB) prior to February 2015 or the Federation of State Massage Therapy Boards (FSMTB) Massage and Bodywork Licensing Examination (MBLEX).
 I have practiced as a licensed massage therapist for the past 2-4 years and can document the equivalent of at least 2 years of post-licensure professional experience and 1,000 clock hours of education, as acceptable to the department.
 I have practiced as a licensed massage therapist for the past 5 or more years and can document the equivalent of at least 5 years of post-licensure professional experience and 800 clock hours of education, as acceptable to the department.

10 Have you previously applied for a New York State License? YES NO
If yes, which profession?: _____

11 Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? YES NO

12 Are criminal charges pending against you in any court? YES NO

13 Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? YES NO

14 Are charges pending against you in any jurisdiction for any sort of professional misconduct? YES NO

15 Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? YES NO

1 27 \$108 ER

NYS License Number

Date Issued

Initials

6 Telephone/E-Mail Address

Daytime Phone: Home or Business

Area Code Phone Number

E-Mail Address (Please print clearly):
 Home or Business

7 New York State DMV ID Number
(Driver or Non-Driver ID)

(Leave this blank if you do not have a New York State DMV ID Number)

NOTE: If you answer "Yes" to any questions numbered 11-15, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents.

16

Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction? (if so, list below and attach other pages as needed.)

 YES NO

Profession _____

License Number _____

Jurisdiction _____

Profession _____

License Number _____

Jurisdiction _____

17

In the spaces below, give an accurate record of your educational preparation. **Be sure to complete items A-D for each school.** Please print. Attach additional sheets if necessary.

NAME OF SCHOOLS ATTENDED AND LOCATIONS	NUMBER OF YEARS ATTENDED	ATTENDANCE		DIPLOMA OR DEGREE OBTAINED
		Entrance Date	Leaving Date	
<p>Elementary or Primary School (Complete this section only if educated outside the United States)</p> <p>School Name _____ A</p> <p>City _____ State/Country _____</p>	B	<p>____ / ____ C ____ / ____</p> <p>mo yr mo yr</p>	D	
<p>High School or Secondary School</p> <p>School Name _____</p> <p>City _____ State/Country _____ A</p> <p>School Name _____</p> <p>City _____ State/Country _____</p>	B	<p>____ / ____ ____ / ____</p> <p>mo yr mo yr</p> <p>____ / ____ ____ / ____ C</p> <p>mo yr mo yr</p>	D	
<p>Postsecondary School(s) Exclusive of massage therapy schools</p> <p>School Name _____</p> <p>City _____ State/Country _____ A</p> <p>School Name _____</p> <p>City _____ State/Country _____</p>	B	<p>____ / ____ ____ / ____</p> <p>mo yr mo yr</p> <p>____ / ____ ____ / ____ C</p> <p>mo yr mo yr</p>	D	
<p>Massage Therapy Program</p> <p>School Name _____ A</p> <p>City _____ State/Country _____</p>	B	<p>____ / ____ ____ / ____ C</p> <p>mo yr mo yr</p>	D	

18

CHILD SUPPORT OBLIGATION:

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A I am not under an obligation to pay child support

OR

B I am under an obligation to pay child support *and* (please check only one of the following)

- I am current and **am not** four months or more in arrears in the payment of child support: or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

* New York State General Obligations Law, section 3-503.

19

CITIZENSHIP/IMMIGRATION STATUS

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: _____
- I. I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify: _____
- J. I do not reside in the United States.

If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number: _____

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.

20 GENDER AND ETHNICITY: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

GENDER: Male Female

ETHNICITY: White (not Hispanic)

Black (not Hispanic)

Asian

Hispanic

Native American

21 EDUCATION REVIEW

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes No Please initial: _____

22 AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)

APPLICANT

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Signature of the applicant: _____

Date _____ / _____ / _____
Month Day Year

NOTARY

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Expiration date _____ / _____ / _____
Month Day Year

Notary Stamp

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.