

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 and First Registration

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. Your signature on the last page of this form must be notarized by a notary public.

1 27 \$108 ER

NYS License Number

Date Issued

Initials

6 Telephone/E-Mail Address

Daytime Phone

Area Code Phone Number

E-Mail Address (Please print clearly)

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

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

5 Mailing Address (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 Citizenship: United States Alien lawfully admitted for a permanent residence in the United States Other Immigration

Citizen of: _____
Attach a photocopy of the front and back of your Alien Registration Card

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

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

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 Conviction. 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.

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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 _____

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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 _____</p> <p>City _____ State/Country _____</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">A</p>	B	<p>____ / ____</p> <p>mo yr</p>	<p>____ / ____</p> <p>mo yr</p>	D
<p>High School or Secondary School</p> <p>School Name _____</p> <p>City _____ State/Country _____</p> <p>School Name _____</p> <p>City _____ State/Country _____</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">A</p>	B	<p>____ / ____</p> <p>mo yr</p>	<p>____ / ____</p> <p>mo yr</p>	D
<p>Postsecondary School(s) Exclusive of massage therapy schools</p> <p>School Name _____</p> <p>City _____ State/Country _____</p> <p>School Name _____</p> <p>City _____ State/Country _____</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">A</p>	B	<p>____ / ____</p> <p>mo yr</p>	<p>____ / ____</p> <p>mo yr</p>	D
<p>Massage Therapy Program</p> <p>School Name _____</p> <p>City _____ State/Country _____</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">A</p>	B	<p>____ / ____</p> <p>mo yr</p>	<p>____ / ____</p> <p>mo yr</p>	D

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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.

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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:

ETHNICITY:

- | | | | |
|---------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> White (not Hispanic) | <input type="checkbox"/> Asian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black (not Hispanic) | <input type="checkbox"/> Hispanic | |

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STUDENT LOAN DISCLOSURE:

The State Education Department is required* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation, and to forward any "yes" responses to the New York State Higher Education Services Corporation. **Your license application is not complete without this information.**

- (a) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation ? Yes No
- (b) If you have such a loan(s), is any part in default ? Yes No

*New York State Education Law, Section 6501-a

21 EDUCATION PROGRAM 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.

Signature of the applicant: _____

Date: _____ / _____ / _____
Month Day Year

NOTARY

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the undersigned, 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.