

SECTION II: CERTIFICATION OF MASSAGE THERAPIST LICENSURE (Please type or print in ink)

INSTRUCTIONS TO LICENSING AUTHORITY: Please complete this section, include a copy of the statute and regulations that were in effect at the time of the applicant's licensure, sign the certifying statement, affix the seal, and send this form **directly** to the Office of the Professions at the address below. This form will not be accepted if returned by the applicant.

1 Please print the exact title under which the applicant was licensed or certified for the practice of massage therapy: _____

2 Applicant's massage therapy licensure or registration number: _____ Date of Issue: ____/____/____
mo. day yr.

3 Was the license or registration granted at the independent practice level and based upon having completed a program of massage therapy of at least 500 hours of classroom instruction (800 hours if after January 1, 2000)? Yes No

4 Was the license based on the National Certification Examination for Therapeutic Massage and Bodywork? Yes No

Date on which the exam was administered: / /
mo. day yr.

Raw score obtained by the applicant:

Form number of the exam: _____

5 If the applicant was licensed or certified without examination, please explain on what basis the license/certification was granted:

6 If licensure or certification involved any special conditions, please explain:

7 Has disciplinary action been taken against this license? Yes No
If yes, please attach relevant information.

8 Are disciplinary charges pending against this license? Yes No
If yes, please attach relevant information.

CERTIFICATION

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the massage therapist named on this form and further certify the this Licensing Authority has never taken any disciplinary action against the massage therapist, other than explained above.

Signature of Licensing Authority official: _____ Date: ____/____/____
mo. day yr.

Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

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Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Massage Therapy Unit, 89 Washington Avenue, Albany, NY 12234-1000.