

# REGISTRATION RENEWAL ADDENDUM

# Massage Therapy 27

**Continuing Education:** Every massage therapist registered to practice in New York State must complete approved continuing education for each triennial registration period. The required number of hours is calculated at the rate of 1 hour per month beginning January 1, 2012. Massage therapists are exempt from the requirement for the first three (3) years following initial licensure. Each licensee must maintain documentation of completion of required coursework for a period of six (6) years and be subject to audit by the New York State Education Department. Do not send any continuing education documents with this addendum unless requested to do so. For more information, please visit our Web site [www.op.nysed.gov/mt.htm](http://www.op.nysed.gov/mt.htm).

The following instructions are **ONLY** for those individuals who have **NOT** met the continuing education requirement.

If you have **NOT** met the continuing education requirement, you **MUST** choose one of the following options and return this form with your registration renewal document and fee (fee not required for inactive status). Your signature indicates agreement with the terms of the option you select.

1.  I do not intend to practice in New York State during the period indicated on the registration renewal document, and am requesting that my registration be placed in an **INACTIVE STATUS**.

As long as your registration remains inactive, you are not responsible for either the registration fee or the continuing education requirement until such time as you intend to resume practicing in New York State. At that time, you must meet certain continuing education requirements **prior to reactivating your registration**. You may not practice as a massage therapist in New York State if you are not registered.

Name (please print) \_\_\_\_\_ License number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_

2.  I request a **CONDITIONAL REGISTRATION**.

Conditional registrations are not automatic and may be issued at the Department's discretion. A conditional registration, if granted, is valid for one year and cannot be renewed or extended. You may request a conditional registration for a one-year period if you agree to:

- pay the full registration fee for the one-year conditional registration;
- complete the continuing education hours you are lacking from your previous registration period;
- in addition, complete the regular continuing education requirement prorated for the one-year conditional registration period, and, at the end of the conditional registration period,
- provide proof of completion of the continuing education requirement and pay the full registration fee for the remaining two years of your registration when the conditional registration expires.

Prior to the end of the one-year conditional registration period, you will be sent a registration renewal notice. You must renew online or complete and submit a registration renewal application with the fee and proof of course completion before you will receive a registration for the remaining two years. **Failure to meet the requirements of the conditional registration may subject you to prosecution for professional misconduct.**

Name (please print) \_\_\_\_\_ License number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_

3.  I request an **ADJUSTMENT** to the continuing education requirement for registration.

Adjustments to the continuing education requirement may be granted by the Department for reasons of health documented by an appropriate health care professional, extended active duty with the armed forces of the United States, or other good cause. A written explanation (from health care professional, if applicable) documenting the circumstances which prevented compliance with Education Law must be included with this form.

Name (please print) \_\_\_\_\_ License number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home telephone number \_\_\_\_\_ Work telephone number \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_

**If you have not met the continuing education requirement, complete and mail this form with your registration renewal document and appropriate fee (if required) in the envelope provided.**

Please make a copy of this form and retain it for your records.

If you need additional information, you should contact:

State Board for Massage Therapy  
New York State Education Department  
89 Washington Avenue, 3<sup>rd</sup> Floor  
Albany, New York, 12234-1000

Telephone: 518-474-3817 ext. 150  
Fax: 518-473-1951  
E-mail [msthbd@mail.nysed.gov](mailto:msthbd@mail.nysed.gov)