STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 Mainstream Drive
NASHVILLE, TN 37243

TENNESSEE MASSAGE LICENSURE BOARD
1-800-778-4123 ext. 2532111
(615) 253-2111

MASSAGE THERAPIST LICENSURE APPLICATION INSTRUCTIONS AND CHECK SHEET

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or they will be rejected by the Board.**

	LICENSURE BY EXAMINATION	DONE
1.	Complete, sign, have notarized and mail the application pages 1 through 6.	_____
2.	Submit a copy of your birth certificate or other equivalent document (i.e.: photocopy of passport).	_____
3.	Applicants who are not citizens of the United States or whose birth certificates reflect they were not born in the United States shall submit proof of their immigration status demonstrating their right to live and work in the United States. **All applicants must complete and submit the Declaration of Citizenship**. Form is available online at http://tn.gov/assets/entities/health/attachments/PH-4183.pdf	_____
4.	Submit two (2) recent (within the preceding twelve (12) months, original signed and dated letters from health care professionals that include the professional's licensing credentials and attesting to your personal character & professional ethics.	_____
5.	Submit with your application a check or money order in the amount of **$280.00** made payable to the State of Tennessee. All application fees are non-refundable. **Make check or money order payable to: State of Tennessee**	_____
6.	Complete and mail **Attachment 2** to each state, country, or province in which you hold, or have ever held a license or certificate to practice **any** profession.	_____
7.	Request verification of successful completion of the MBLEx examination offered by the FSMTB or an examination offered by the NCBTMB be sent to the Board directly from the Institution.	_____
8.	Complete and mail Attachment 1 to the school(s) in which you completed a massage, bodywork, and or somatic therapy curriculum of no less than five-hundred (500) hours. Schools must be approved by the Tennessee Higher Education Commission or its equivalent in another state or by the Tennessee Board of Regents. Transcripts must show two–hundred (200) hours of sciences, two-hundred (200) hours of massage theory, eighty-five (85) hours of allied modalities, ten (10) hours of ethics and five (5) hours of Tennessee massage statutes and regulations.	_____

9. You must complete and return the Mandatory Practitioner Profile Questionnaire with the application. Form is available online at http://tn.gov/assets/entities/health/attachments/PH-3585.pdf _____

10. A Criminal Background Check is required to be obtained through the vender contracted with the State. For instructions to obtain a criminal background check, go to http://tn.gov/health/article/CBC-instructions. _____

LICENSURE BY RECIPROCITY **DONE**

1. Complete, sign, have notarized and mail the application pages 1 through 6. _____

2. Submit a copy of your birth certificate or other equivalent document (i.e.: photocopy of passport). _____

3. Applicants who are not citizens of the United States or whose birth certificates reflect they were not born in the United States shall submit proof of their immigration status demonstrating their right to live and work in the United States. **All applicants must complete and submit the Declaration of Citizenship**. Form is available online at http://tn.gov/assets/entities/health/attachments/PH-4183.pdf _____

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8. A Criminal Background Check is required to be obtained through the vender contracted with the State. For instructions to obtain a criminal background check, go to http://tn.gov/health/article/CBC-instructions. _____

9. Applicants who are licensed or have been licensed in another state must complete and mail Attachment 1 to the school(s) in which you completed a massage, bodywork, and or somatic therapy curriculum of no less than five-hundred (500) hours. Transcripts must be sent directly from the school(s) to the Board's Administrative Office. Applicants must also request that verification of having passed the MBLEx examination or the NCBTMB or its successor organization be submitted to the Board Administrative office. _____

OR

To avoid the educational requirements the applicant must request proof from the NCBTMB of their certification for the five (5) year period immediately preceding application for licensure be submitted directly to the Board Administrative Office. The applicant must also submit documentation of engaging in the practice of massage therapy in another state for the five (5) year period immediately preceding application for licensure. _____

AND

10. All applicants for reciprocity must submit proof of having successfully completed five (5) classroom hours of instruction regarding Tennessee massage statutes and regulations and ten (10) classroom hours of ethics instructions _____

UNDERSTANDING THE APPLICATION PROCESS

If an address change occurs <u>at any time, you must</u> notify the Board office, in writing, immediately.

1. **ALL APPLICATION FEES ARE NON-REFUNDABLE.**

2. All documents and fees required to be submitted by you, or which must be requested from the appropriate institutions in this application process, must be mailed directly to:

Massage Licensure Board **665 Mainstream Drive** **Nashville, TN 37243**	**For Federal Express or Special Courier:** **Massage Licensure Board** **665 Mainstream Drive** **Nashville, TN 37228**

3. Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. Federal Express or special courier services will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used <u>you</u> will be responsible for charges incurred. The Board asks that you please give the Board office every consideration in this matter.

4. If all required documentation is not received with your initial application, a deficiency letter will be sent to you. The supporting documentation requested in the letter must be received in the Board office sixty-five (65) days from the date of the initial deficiency letter. Files not completed in a timely manner will be closed.

5. Absent any complicating factors, the average application processing time is **<u>six weeks</u>**. Once the application is completed, your file will be reviewed and an initial licensure determination made. You will be notified by letter of the initial determination.

6. **It is recommended that you do not make arrangements to accept employment as a massage therapist until you are granted a license or authorization from the Board.**

7. **Massage establishments in Tennessee are required to be licensed by the Board. You should not open a massage establishment in Tennessee or begin working at a massage establishment in Tennessee unless that establishment is licensed**.

8. You must enter your social security number. State law requires social security numbers on this application. T.C.A. § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identify and for any other purpose allowed by state or federal law.

Thank you for your cooperation. We will make every effort to process your application in an expeditious and efficient manner.

FOR OFFICE USE ONLY

Fee Codes	
2680-001	$ 85.00
2680-001	185.00
2680-006	10.00
TOTAL	$280.00

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

TENNESSEE MASSAGE LICENSURE BOARD
(615) 253-2111 or 1-800-778-4123 ext. 2532111
http://tn.gov/health/topic/ML-board

APPLICATION FOR LICENSURE AS A MASSAGE THERAPIST

Please complete each question and return the form, supporting documents, and the Two Hundred Eighty Dollar ($280.00) application fee to the above address. **Please type or print in black or blue ink.** If a question is not applicable to you, please place **N/A** in the appropriate space. **Do not** leave any sections unanswered.

PERSONAL INFORMATION

Name: _____
Last First Middle Maiden (if not used as your middle name)

Social Security Number: _____ U.S. Citizen: Yes ____ No____
All applicants must complete the Declaration of Citizenship form

Date of Birth: _____ Entitled to Live and Work in the U.S. Yes ____ No___

Place of Birth: _____

Mailing Address: _____

_____ Zip _____

Practice Address: _____

_____

_____ Zip _____

E-mail address: _____

Do you wish to receive notifications, including renewal notification, from Department of Health via email? ___Yes ___ No

Race: _____ Phone: Home: _____

Gender: Female _____ Male _____ Office: _____

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? (If yes, please provide proof of status.) Yes ____ No _____

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? (If yes, please provide proof of same.) Yes ____ No _____

Have you ever been known by any other names besides what is listed above? Yes___ No___

If yes, please state other name(s) in full: _____

If English is not your first language, please list your native language: _____

EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for **all** educational institutions you have attended beyond junior high or middle school. Use the back of this page if you need additional space.

High School From:	To:	Educational Institution	City, State	Degree Earned/ Year Graduated
Mo./Yr.	Mo./Yr.			
College/University From:	**To:**			
Mo./Yr.	Mo./Yr.			
Massage Bodywork Training From:	**To:**			
Mo./Yr.	Mo./Yr.			

Please complete your last five years employment history starting with the most current position first. Use the back of this page if you need additional space. If not applicable, mark this section N/A.

Company/ Employer & Supervisor:	**Address:** (City, and State)	**Position:**	**Duties:**	**Dates From:** Mo./Yr.	**To:** Mo./Yr.

CERTIFICATION INFORMATION

	YES	NO
Are you or have you ever been licensed in this profession in another state?	____	____
Are you or have you ever been licensed in any other profession in Tennessee or another state?	____	____

If yes answer to either of the above, please list name license was issued under if different from name on application: _____

List below **ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED, PERMITTED, OR CERTIFIED**. Additional pages may be added if necessary. Request that verification of licensure be submitted directly to the Board's Office from each state.

STATE	PROFESSION	LICENSE NUMBER	CURRENT STATUS

List below all massage establishments in Tennessee currently or previously owned by applicant. If not applicable, put N/A:

_____

_____

	YES	NO
1. Have you taken and passed an examination offered by the NCBTMB or the MBLEx Examination offered by the FSMTB?	____	____
If yes, check one: NCBTMB_____ MBLEx_____		
2. Have you ever previously applied for a massage therapist license or a massage establishment license in Tennessee?	____	____
3. Do you have the ability to read, write, speak, and understand English fluently?	____	____
4. Have you read and do you understand the rules and regulations of the TN Massage Licensure Board?	____	____

5. If someone other than applicant is completing this application, please provide name, address, and contact number for the person completing this application: _____

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION. Additional information may be requested and/or required before a licensure decision may be made. For the purposes of these questions, the following phrases or words have the following meanings:

1. "**Ability to practice your profession**" is to be construed to include all of the following:

a. The cognitive capacity to exercise reasoned judgments and to learn and keep abreast of developments in your profession; and

b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and

c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.

2. "**Medical Condition**" includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities,drug addiction, and alcoholism.

3."**Minor Traffic Offense**" generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.

4. "**Chemical substances**" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

5. "**Currently**" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.

6. "**Illegal use of illicit or controlled substances**" means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.	**YES**	**NO**
1. Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice?	___	___
2. Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety?	___	___

If so, please list: _____

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.]

COMPETENCY INFORMATION (continued)

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.	**YES**	**NO**
3. At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?	___	___
4. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of illicit or controlled substances?	___	___
5. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature?	___	___
6. Have you ever held or applied for a license, privilege, registration or certificate to practice massage in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	___	___
7. Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?	___	___
8. Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action?	___	___
9. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended?	___	___
10. Have you ever been rejected or censured by a professional association or society?	___	___
11. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered against you;	___	___
b. Have you ever entered into any settlement of any legal action; or	___	___
c. Are there any legal actions pending against you or to which you are a party?	___	___
12. Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction?	___	___
13. Has your name been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state)	___	___
14. Have you ever failed a national massage therapy examination?	___	___

If yes, which exam and how many times have you failed? _____

AFFIDAVIT AND RELEASE

I, _____, of _____,
(Applicant's Name) *(City)* *(State)*
being duly sworn and identified as the person referred to in this application attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice of my profession in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice my profession.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ _____
SIGNATURE **DATE**

Sworn to before me, this _____ day of _____, _____.

_____
NOTARY PUBLIC

Affix Seal Here

My Commission expires_____