

FOR OFFICE USE ONLY

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Board of Massage Therapist Checklist

Application Approved:

License Number:

Issue Date:

Grad/Temp Lic No:

Issue Date:

ID#:

Receipt #:

- Application
- Application Fee
- Examination Results
- Transcript
- Valid ID
- Nationwide Criminal Background Check-NCRC (done by state or local police)
- CPR
- First Aid
- O/S License Verification



Rhode Island
 Board of Massage Therapy
 Room 104
 3 Capitol Hill
 Providence, RI 02908-5097

**Instructions and Application For
 License As A**

Massage Therapist
 by

- Endorsement
- Examination

FOR OFFICE USE ONLY

License # _____
 Name _____

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
 see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

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LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of \$65.00 and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE. Please be advised that this is an application fee and includes the first license only up until the next expiration date. All Massage Therapists licenses expire yearly on June 30th.
- Copy of Valid ID, (example Driver's license or state issued ID)
- Official Transcripts from an approved school that is accredited by an agency recognized by the US Department of Education, approved by the State Board of Education, or whose curriculum is endorsed by the Commission on Massage Therapy Accreditation (COMTA) sent directly to the Board. No student copies will be accepted.
- Score/Certification of the MBLEx or other national examination approved by the Department sent directly from the examination agency.
- Copy of First Aid Certificate
- Copy of CPR Certificate
- National Criminal Records Check with Fingerprints. Contact your State or Local Police Department to make an appointment to have your fingerprints taken for the nationwide criminal records check. DO NOT send actual fingerprints to the Department. The report MUST be sent directly from the Bureau of Criminal Identification at your local or state police department to the RI Board of Massage Therapy. Applicants are responsible for all costs incurred in this process.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- If applying for expedited military status, please complete the Military Expedition Form at the end of this application packet.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island

Board of Massage Therapy

Application for License as a Massage Therapist

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

<p>1. Name(s)</p> <p>This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Title (i.e., Mr., Mrs., Ms., etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>First Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Middle Name</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Surname, (Last Name)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Suffix (i.e., Jr., Sr., II, III)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Maiden, if applicable</p> <p>Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).</p> <hr/>
<p>2. Social Security Number</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>U.S. Social Security Number</p> <p style="font-size: small;">“Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.”</p>
<p>3. Gender</p>	<p>Please select from the dropdown.</p>
<p>4. Date of Birth</p>	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <p>Month</p> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <p>Day</p> </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px; display: flex; align-items: center; justify-content: center;"> 1 9 </div> <p>Year</p> </div> </div>
<p>5. Home Address</p> <p>It is your responsibility to notify the board of all address changes.</p>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>1st Line Address (Apartment/Suite/Room Number, etc.)</p> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>Second Line Address (Number and Street)</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <p>City</p> </div> <div style="width: 10%; text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 15px; margin-bottom: 5px;"></div> <p>State</p> </div> <div style="width: 40%;"> <div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 5px; display: flex; align-items: center;"> - </div> <p>Zip Code</p> </div> </div>

Country, if NOT U.S.

Postal Code, if NOT U.S.

-

Home Phone

Home Fax

-

13. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Massage Therapist in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Massage Therapy of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)



Rhode Island Board of Massage Therapy
 Room 104, 3 Capitol Hill
 Providence, RI 02908-5097
 (401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Massage Therapist in the State of Rhode Island. The Rhode Island Board of Massage Therapy requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Massage Therapy at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE MASSAGE THERAPY BOARD

Massage Therapy Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed a National Certification (NCBTMB) or (MBLEx) Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

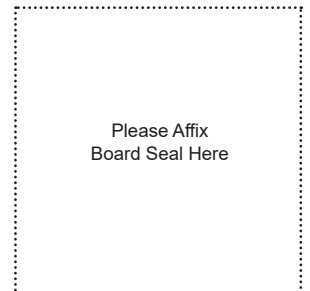
Questions:

1. Has this licensee ever been investigated by your Board? Yes No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature	Date
Type or Print Name	
Title	
Full Name and State of Licensing Board	



Please return directly to the Board at the above address. Thank you for your prompt cooperation.



Rhode Island Department of Health
Massage Therapy Licensing
Center for Professional Licensing, Room 104
3 Capitol Hill, Providence, RI 02908-5097

NATIONAL CRIMINAL RECORDS CHECK - (NCRC)

In accordance with Rhode Island General Laws, all applicants for Massage Therapy license must obtain a National Criminal Records Check (NCRC). As part of this check your fingerprints will be taken.

TO: MESSAGE THERAPY LICENSE APPLICANT

Please obtain a National Criminal Records Check (NCRC) from your local police department or by appointment with the Rhode Island State Police (401-444-1000). As part of the NCRC your fingerprints will be taken. Once the check has been processed the results will be sent directly to the Department of Health and a copy will be sent to you.

Please bring this form to the law enforcement agency and inform them that you are applying to become licensed as a Massage Therapist so that the results of the check are routed to the correct office.

Massage Therapy License Applicant Name: _____

Massage Therapy License Applicant Date of Birth: _____ / _____ / _____
Month Day Year

Massage Therapy License Applicant Address: _____

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TO: LAW ENFORCEMENT AGENCY

Please conduct a National Criminal Records Check (NCRC) which shall include the taking of fingerprints for the above-named Massage Therapy applicant. Please send the letter with the results of the background check (e.g. "Qualifying/No Disqualifying Info" to:

Rhode Island Department of Health
Center for Professional Licensing
Massage Therapy Licensing
3 Capitol Hill, Room 104
Providence, RI 02908-5097



Rhode Island Department of Health Military Expedition Form

Please attach this form to the *front* of your completed application and mail to the address shown on the application cover.

Pursuant to Rhode Island General Laws § [5-88-1](#) et seq., upon application, this state may recognize occupational licenses, certificates or permits obtained from other states for military members and their spouses who relocate to this state pursuant to military orders. The Rhode Island Department of Health (RIDOH) will expedite your or your spouse's health professional license application provided the following conditions are met.

I. PROFESSION/LICENSE TYPE

Please indicate the profession and/or license type you are applying for so that your application can be routed to the correct office:

Profession/License Type: _____

II. MILITARY STATUS

Please check ONE of the following criteria for expedition:

I am in active military duty or a reservist.

I am the spouse of someone in active military duty or the spouse of a reservist.

I am a military veteran with honorable discharge. *You do not need to complete the rest of this application – please skip to the signature line.*

III. PROOF OF MILITARY STATUS

Please attach a copy of proof of your military status such as one of the following: Leave Earning Statement (LES), Letter from Command, or Copy of Orders

IV. MILITARY CHANGE OF STATION ORDER

Permanent Change of Station Order

V. PROOF OF GOOD STANDING

Proof of good standing from the board in the other state in which the person has a license.

VI. Criminal Background Check (a "BCI") (*unless required in the initial license application*)

BCI completed from the RI Attorney General's Office.

VII. ATTESTATIONS:

Check all that apply:

No board in any other state has revoked the license for which I am applying as a result of negligence or intentional misconduct.

I have never surrendered an occupational license, certificate, or permit because of negligence or intentional misconduct.

I do not have a complaint, allegation, or investigation currently pending before a board in another state which relates to unprofessional conduct or an alleged crime.

I attest that the above responses and information are true and accurate to the best of my knowledge and that none of the information set forth above is false, erroneous, or defective in any important, as set forth in R.I. Gen. Laws § 11-18-1. I understand that this application is being made to the Rhode Island Department of Health, which shall rely upon my attestation and the information provided in this document.

Signature of Applicant

Date

On a case-by-case basis RIDOH may grant a temporary license should the military member or spouse need additional time to complete education, training, and/or experience for the licensure in Rhode Island. RIDOH will contact the applicant directly should that be needed.