BUDGET ZZ121
FUND 105

DSHS Publication #64-10701

MASSAGE THERAPY LICENSE APPLICATION

PRINT or TYPE all information on the application. Please answer all questions completely, do not leave any blank. The application and examination fees may be paid by personal check, cashier's check, or money order.

APPLICATION CHECK LIST:

BE SURE TO:

___ Read the Massage Therapy Act (Texas Occupations Code, Chapter 455) and the rules relating to massage therapy license (25 Texas Administrative Code, (TAC) Chapter 140) before completing the application.
___ Answer all questions on the application completely.
___ Attach the application fee of $117.
___ Attach an official transcript or notarized copy of your transcript.
___ Attach a copy of your social security card.
___ Attach Examination Form and proof of national or other acceptable exam
___ Attach proof of jurisprudence exam
___ Attach required documents for questions 14-15 (if you answered yes).

APPLICATIONS SUBMITTED WITHOUT AN OFFICIAL TRANSCRIPT WILL NOT BE APPROVED. PLEASE BE AWARE THAT ALL FEES ARE NON-REFUNDABLE.

Mail all application materials and fee to the address below (our lockbox for faster processing of new applications – not for other mail):

Texas Department of State Health Services
Massage Therapy Licensing Program
P O Box 12197
Austin, TX 78711-2197

Please allow 4-6 weeks for the processing of the application. If you do not receive a response from this office after 6 weeks, you may contact us at:

512-834-6616 OR massage@dshs.state.tx.us

Failure to follow the above instructions may cause delays in the processing of your application.

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FEE SCHEDULE

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

Fees may be paid by personal check, cashier's check or money order payable to DSHS. Cash is accepted when paid in person at the Texas Department of State Health Services office in Austin, Texas.

Application Fee

Fee must be submitted with completed application.

$117.00	Application Fee

Examination Fee

For acceptable national exams, please contact the appropriate organization listed on the Exam Form.

Jurisprudence Exam (for all applications postmarked on or after 6/1/09)

Fee must be paid online at: http://www.dshs.state.tx.us/massage/mt_jurisprudence.shtm

$35.00	Jurisprudence Exam Fee

Replacement License Fee

Request a duplicate certificate if the license certificate is damaged, lost, or destroyed. You must return the original license or explain in writing if not possible.

$20.00	Replacement Certificate

License Renewal Fee

Your renewal application will be mailed every two years to your last known address approximately six (6) weeks prior to the license expiration date. Failure to timely renew the license will results in late fees (see below) or the deletion of the license. It is the responsibility of each licensee to submit written notice of any address or name changes.

$106.00	Renewal Fee & Twelve (12) hours of continuing Education

Late Renewal Fees

$156.00	Renewal postmarked during the first 90 days after license expiration.
$206.00	Renewal postmarked more than 90 days but less than one year after license expiration.

NOTE: A license expired for more than one year is not renewable. The person must reapply, meet current licensing requirements, and retake the licensure examination in order to receive a license.

Failure to receive the renewal notice does not excuse the payment of late fees.

This fee schedule lists the current fees charged by the Massage Therapy Licensing Program and is subject to change. It is also not, nor is it intended to be an inclusive listing of all fees that the department may statutorily collect. Fee rates are set by the Texas Department of State Health Services as authorized by law in amounts necessary to cover the costs of administering the program and are not mandated by the Texas Legislature.

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MASSAGE THERAPY LICENSE APPLICATION INSTRUCTIONS

Read the Massage Therapy Act (Occupations Code, Chapter 455) and DSHS Rules (25 TAC, Chapter 140) before filling out this application. Each method lists the documentation that must be submitted with your completed application. Choose one method only and submit appropriate documentation.

Stated below are the three methods under which a person may apply for licensure. Be sure the application is complete and all supporting documentation (transcripts, exam results, etc.) are included. Incomplete applications will not be approved and fees are non-refundable. **You must be at least 18 years old to obtain a license.**

Applicants who have completed their education in another state or country must submit an **official transcript**, a course catalog from the program attended, and verification of the program approval by the appropriate education agency of that state or country.

Applicants who hold a license in another state must submit the verification of licensure form (page 6 of application) completed by the massage therapy licensing authority where the license, registration, or certification is held.

1. Applicant has first enrolled prior to September 1, 2007 and has satisfactorily completed massage therapy studies in a 300 hour supervised course of instruction (see below for required hours) provided by a licensed massage therapy instructor, or by a licensed massage therapy school, or by a state approved educational institution, or by any combination of instructors or schools. Proof of course work must be provided by an **official transcript** from the school and/or instructor. Applicant must have already passed an acceptable national exam (see Exam Form).

2. Applicant has first enrolled after September 1, 2007 and has satisfactorily completed massage therapy studies in a 500 hour supervised course of instruction (see below for required hours) provided by a licensed massage therapy school, or by a state approved educational institution, or by a combination of schools. Proof of course work must be provided by an **official transcript** from the school. Applicant must have already passed an acceptable national exam (see Exam Form).

3. Applicant is requesting that the department accept applicant's passing score on a national examination or state (non-national) examination for registration or licensing as a massage therapist from another state. Applicant has completed a 300 hour or 500 hour course of instruction (see below for required hours) AND is currently licensed as a massage therapist in good standing in another state or country. Submit a certified copy of the license/registration/certification; **official transcript**; and documentation of successfully passing a national or state exam.

300 hour course of instruction (required for all applicants, including licensees from another state, who first enrolled in massage school prior to September 1, 2007) – course may haven longer than 300 hours but must include:

- 125 hours of Swedish massage therapy techniques;
- 50 hours of anatomy;
- 25 hours of physiology;
- 15 hours of hydrotherapy;
- 15 hours of business practices and professional ethics;
- 20 hours of health and hygiene;
- a 50 hour internship;

500 hour course of instruction (required for all applicants, including licensees from another state, who first enrolled in massage school on or after September 1, 2007) – course may have been longer than 500 hours but must include:

- 200 hours of massage therapy techniques and theory and the practice of manipulation of soft tissue, with at least 125 hours of Swedish massage therapy techniques;
- 50 hours of anatomy;
- 25 hours of physiology;
- 50 hours of kinesiology;
- 40 hours of pathology
- 20 hours of hydrotherapy;
- 45 hours of massage therapy laws and rules, business practices and professional ethics;
- 20 hours of health and hygiene, first aid, universal precautions, and cardiopulmonary resuscitation (CPR);
- a 50 hour internship;

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MASSAGE THERAPY LICENSING PROGRAM
TEXAS DEPARTMENT OF STATE HEALTH SERVICES

EXAMINATION FORM

Submission of this form is required of all applicants for a massage therapy license.
Failure to submit this form will result in a delay in the processing of your application for licensure.

Applicant Name _____

Applicant SS# _____

Select one (1) choice *for the examination required for licensure. Attach the required proof of exam results.*

[ ] I first enrolled in a 300 or 300+ hour course prior to September 1, 2007; I have completed the course; and I have taken and passed an acceptable national exam within the last two years. (1022)

[ ] I first enrolled in a 300 or 300+ hour course prior to September 1, 2007; I have completed the course; I am currently licensed in another state in good standing; and I have taken and passed an acceptable national exam or another state's (non-national) licensing exam. The exam may have been taken more than two years ago. Name of state _____ *** attach national or state exam results (1030)

[ ] I have completed a 500 or 500+ hour course; and I have taken and passed an acceptable national exam within the last two years. *** attach exam results (1022)

[ ] I have completed a 500 or 500+ hour course; I am currently licensed in another state in good standing and I have taken and passed an acceptable national or another state's (non-national) licensing exam. The exam may have been taken more than two years ago. Name of state _____ *** attach national or state exam results (1030)

Acceptable National Exams

National Certification Board for Therapeutic Massage and Bodywork (NCBTMB)
http://www.ncbtmb.com 1-800-296-0664

- National Certification Examination for Therapeutic Massage (NCETM)
- National Certification Examination for Therapeutic Massage and Bodywork (NCETMB)

Federation of State Massage Therapy Boards (FSMTB)
http://www.fsmtb.org 1-888-70-FSMTB

- Massage and Bodywork Licensing Examination (MBLEx)

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TEXAS DEPARTMENT OF STATE HEALTH SERVICES
MASSAGE THERAPY LICENSING PROGRAM
P O BOX 12197
AUSTIN, TEXAS 78711-2197

Type or Print Legibly. Incomplete applications will not be processed. Attach the $117.00 (personal check, cashier's check or money order). Failure to do so may delay processing. Use N/A for not applicable.

PERSONAL INFORMATION

1. Last Name _____ First Name _____

2. Middle Name _____ Maiden Name _____

3. Other Names Formerly Used _____

4. Preferred Mailing Address _____

City _____ State _____ Zip _____

Telephone Number (Include Area Code) _____ - _____

E-mail Address _____

Fax Number _____

5. Residence Address (if same as 4 please write "same")

_____

6. Birth Date (mm/dd/yy) _____**You must be at least 18 years old to obtain a license.**

7. Social Security # _____ - _____ - _____ (Disclosure of a social security number by an applicant is mandatory under the Family Code, Section 231.302 and the Health Insurance Portability and Accountability Act of 1996, Section 221. Social Security numbers are confidential and will be used for identification and reporting purposes required by law).
   You must submit a copy of your social security card with this application.

OTHER LICENSING INFORMATION

8. Do you possess a massage therapy license(s), license(s), issued by any other state(s), jurisdiction, or territory? **Yes [ ]** **No [ ]**
If YES, give licenses or certificate number(s), title(s), name(s), and address(es) of the jurisdiction(s) issuing the license(s) or certification(s) _____

9. Have you taken a national or state certification or licensing examination for massage therapy?
Yes [ ] **No [ ]**
If YES, give the name of the exam, date taken, and the results of the exam. _____

10. Have you ever been denied or have you ever surrendered a professional or occupational license, registration, or certificate? **Yes [ ]** **No [ ]**

11. Have you ever had a professional or occupational license(s), registration(s), or certificate(s) revoked, cancelled or suspended? **Yes [ ]** **No [ ]**
If YES, briefly state the reason(s)

_____

12. Have you ever held a massage therapy license in Texas, including a temporary registration?
Yes [ ] **No [ ]**

CURRENT EMPLOYMENT INFORMATION

13. Are you CURRENTLY employed?
Yes [ ] **No [ ]**

Place of Employment _____

Address _____

City _____ State _____ Zip _____

Telephone Number (Include area code) _____

Job Title _____ Type of Business _____

Date of Employment (mm/dd/yy) _____

ADDITIONAL INFORMATION
Submit copies of charging documents (referred to as indictment or information) and judgment or other documents showing disposition of the case(s). If still on parole/probation, submit letter from parole or probation officer indicating compliance with all parole or probationary conditions.

NOTE: Failure to report convictions may result in denial of the application or revocation of license.

14. Have you ever been convicted of a misdemeanor? **Yes [ ]** **No [ ]**

15. Have you ever been convicted of a felony? **Yes [ ]** **No [ ]**

16. Have you ever been convicted of, entered a plea of nolo contendere, or guilty to, or received deferred adjudication for an offense involving prostitution or another sexual offense?
Yes [ ] **No [ ]**

If you answered yes to any of the above, provide the following information and documents for all felony and/or misdemeanor offenses (not minor traffic violations). Include any convictions which are currently on appeal. Attach additional information/documentation if appropriate.

Indicate offense(s) committed _____

Date(s) of conviction(s) _____

City, County, and State where offense(s) committed _____

List other names you have used (e.g. married/maiden, etc.) _____

Are/were you on probation/parole? **Yes [ ]** **No [ ]** If YES, discharge date: _____

Academic Record – Massage

17. List educational and training programs attended relating to the field of massage therapy. Begin with the last program attended. Attach additional pages if necessary.
Name of instructional institution:

_____

Location: _____

Dates attended: From (Mo/Yr)_____ To (Mo/Yr) _____

Type of Degree obtained _____ Major (if applicable) _____

Please Read Carefully

In making application to the Texas Department of State Health Services for licensure as a massage therapist, I have read, understood, and agree to comply with the Massage Therapy Act and the rules of the Texas Department of State Health Services relating to the licensing of massage therapists. The disclosure of a social security number by an applicant is mandatory under the Family Code, Section 231.302 and the Health Insurance Portability and Accountability Act of 1996, Section 221. Social Security numbers are confidential and will be used for identification and reporting purposes as required by law. I also agree to complete all application requirements for the processing of my application.

I further understand that the fee submitted with this application is non-refundable and that the materials submitted for consideration become the property of the department and are non-returnable. I am aware of the schedule of fees and understand that additional fees must be paid prior to the issuance of a license certificate and to keep the license current.

I further agree that if issued a license certificate, upon the revocation, or cancellation of that license, I shall return the license certificate and license identification card to the department.

_____ _____

Signature of Applicant Date

I hereby certify that this application and any attachments contain no willing or negligent misrepresentation or falsification and that the information given by me is true and complete. I understand that should an investigation disclose any such misrepresentation or falsification, my application will be rejected. I will allow the department to verify any information contained in these application materials.

_____ _____

Signature of Applicant Date

Information on how to apply for a Texas license as a Massage Therapist if you are currently licensed in another state

This information applies only if you hold a state-level license which is current and in good standing. This information is not designed for persons who are registered or licensed only at the city or county level, or who are moving from a state where state-level licensure is not available, or who are nationally certified by NCBTMB but do not hold a current state license. A certification is not a license.

1. Licensure is required in Texas to advertise or practice massage therapy. The licensure process generally takes 3-6 weeks, so you should apply prior to moving to Texas if possible.

2. Complete and submit the application for licensure, the required $117 fee, and a copy of your social security card.

3. With the application, submit an original transcript showing your massage therapy training. We will review the number of hours in each subject to determine if you have taken the minimum number of hours in each subject as required by Texas law. If your transcript does not list all the required subjects, but you took them as part of your coursework, please also submit a school catalog or course description to assist our staff in giving you credit for the number of hours you completed.

4. With the application, submit proof of your current license in another state (copy of license).

5. With the application, submit proof of passing either (1) a state exam which you took to receive your current state license or (2) an acceptable national examination.

6. Submit the completed Out of State License Verification Form. You complete the top part of the form, and your state licensing board or program completes the bottom part of the form. You may mail the form to us with your application, or the board/program may mail it directly to us. It may also be faxed to our office at: 512-834-6677

Once your application has been approved and you have been issued a license number, you may print an online verification and begin working as a massage therapist in Texas prior to receiving your wall certificate and wallet card by mail. Here is the link for online verification: http://www.dshs.state.tx.us/massage/mt_search.shtm

Once licensed, you will renew your license every two years (your first licensure term will be less than two years, as your license expires in your birth month). Completion of 12 hours of continuing education is required for each renewal.

MASSAGE THERAPY LICENSING PROGRAM
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
P.O. Box 149347, Mail Code 1982
Austin, Texas 78714-9347
OUT OF STATE LICENSE VERIFICATION

The application for licensure as a Massage Therapist in the State of Texas requires this form to be completed by all State Boards where I hold or have ever held a license. My signature below is your authorization to release all information in your files, favorable or otherwise, regarding myself. **Section I to be completed by applicant. Please type or print clearly.**

Applicant Name _____ License Number _____

Applicant's Signature _____ Date _____

Address _____
P O Box or Street No. City State Zip

Telephone Number (include area code) _____ Date of Birth _____

Section II. (Completed by out-of-state licensing authority)

State of _____.

This certifies that _____ is:
(Applicant's Name)

Registered [ ] Certified [ ] Licensed [ ] as a _____

Current status of this license/license/certification is:
Active [ ] Lapsed [ ] Inactive [ ] Denied ** [ ] Suspended** [ ] Revoked** [ ]

Effective date of License/Registration/Certification_____
****Please attach a copy of the Findings of Fact and Decision and Order.**
License/Registration/Certification issued based on:
[ ] Education Requirements
[ ] State Examination
[ ] National Examination
[ ] Endorsement/Reciprocity
[ ] Grandfather Requirements
Qualifications for licensure in this state are:

a. Total hours of education _____
b. Number of hours required in Swedish Massage _____
c. Number of hours required in Anatomy & physiology _____
d. Written examination required? Yes [ ] No [ ]
e. Practical examination required? Yes [ ] No [ ]

Please attach a copy of the current massage therapy requirements (rules) for your state. (If current rules have been sent to this office within the last 12 months, please disregard this request.)

I certify that the above information is correct and true. I have enclosed a copy of the requirements for this state.
Name of Agency _____ Address _____

Signature _____ Typed Name _____

Title _____ Date _____
(STATE SEAL)