

STATE OF MAINE  
MASSAGE THERAPY PROGRAM  
APPLICATION FOR LICENSURE

- Massage Therapist



Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626  
Office Facsimile: (207) 624-8637  
TTY/HEARING IMPAIRED (888) 577-6690  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine

## APPLICANT INFORMATION GUIDE

This application contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

### FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Verification of Licensure Form

### ADDITIONAL RESOURCES

- Licensing Law for Massage Therapists

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch127sec0.html> or call (207) 624-8626

- Licensing Rules for Massage Therapists

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Program Rules throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.**

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

## **APPLICATION PROCEDURE**

- Please submit your application materials to the Department by mail or hand delivery to our offices. Fax submissions will not be accepted. Your application will be reviewed and processed in the order that it was received.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: [http://www.maine.gov/pfr/professionallicensing/license\\_search.htm](http://www.maine.gov/pfr/professionallicensing/license_search.htm). We appreciate your thoughtful attention to this request.

## Licensure as a Massage Therapist

**Standard/licensed in another state application(s) shall include the following:**

- A completed and signed Application for Licensure;
- Payment of an Application Fee of \$25.00;
- Payment of a Licensure Fee of \$40.00;
- Payment of a Criminal History Check Fee of \$21.00;

**Note: All fees can be in one payment.**

- Proof of completion of high school or its equivalent (copy of diploma, GED or transcript accepted);
- Completed Verification of Licensure Form (if applicable);
- Proof of current CPR certification (copy both front and back of card);
- Proof of current First Aid certification (copy both front and back of card);

**Note: Online CPR & First Aid courses cannot be accepted, training(s) must be instructor led, face-to-face training.**

- Documented proof of **one** of the following:
  - o Official transcript from a Department approved Massage Therapy school; **or**
  - o Official transcript from an unapproved school and completed Core Curriculum Form; **or**
  - o Official score report issued directly from the National Certification Board for Therapeutic Massage and Bodywork which documents passage of the examination; **or**
  - o Official score report issued directly from the Federation of State Massage Therapy Board (MBLEx) which documents passage of the examination.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: [www.maine.gov/professionallicensing/license\\_search.htm](http://www.maine.gov/professionallicensing/license_search.htm).
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE (    )	FAX (    )	E-MAIL	

<b>CRIMINAL BACKGROUND DISCLOSURE</b>
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>
<b>1. Have you ever been convicted by any court of any crime? (circle one)      NO      YES</b> If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
<b>2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)      NO      YES</b> If yes, enclose a detailed explanation and copies of all documents.
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.
<b>SIGNATURE</b> <span style="float: right;"><b>DATE</b></span>

<h2>Massage Therapy Program</h2>	<b>Office Use Only:</b> 1421 - \$40.00 1446 - \$25.00 2619 - \$21.00
<b>Please Select License Type:</b>	
<input type="checkbox"/> Massage Therapist (MT1421)	
<b>Required Fee: \$86 (includes Criminal History Records Check Fee)</b>	
Rev. 2/2012	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____

<b>PAYMENT OPTIONS:</b>			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD                      the following amount: \$ _____			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>	<b>DATE</b>		

### Education

Name of School	Date of Graduation	Major	Degree Awarded

### Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country?  YES  NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken a massage therapy examination?  YES  NO

If yes:

Exam Title:	Location:
Date Taken:	Select One: <input type="checkbox"/> Pass <input type="checkbox"/> Fail

### Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Paul R. LePage  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Massage Therapy Program**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Anne L. Head  
Director

**VERIFICATION OF LICENSURE FORM**  
**(for use by applicants licensed or certified in another jurisdiction)**  
**Page 1 of 2**

The applicant listed below is applying to practice as a massage therapist in the State of Maine. The Massage Therapy Program requests written verification from all states that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

**Directions to applicant:**

Complete page 1 of this form and forward pages 1 and 2 to the state where you hold a current license to practice. Because some states charge a fee to complete this form, you should check with each state before mailing. All fees are the responsibility of the applicant. If verification is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

**Directions to State Board:**

Complete Page 2 of this form and return pages 1 and 2 to the following:

**U.S.P.S. Mailing Address:** 35 State House Station, Augusta, Maine 04333-0035

**Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8626

(888) 577-6690 (TTY/HEARING IMPAIRED)  
OFFICES LOCATED AT: 76 NORTHERN AVENUE,  
GARDINER, MAINE

FAX: (207)624-8637

**VERIFICATION OF LICENSURE**

**Page 2 of 2**

Name of Licensee:		License Type:	
License Number:		Date Issued:	
Is License Current? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expiration Date:	
Exam taken (if any):		Date Exam Passed:	
If no examination was taken, how was licensure obtained? <input type="checkbox"/> Grandfathered <input type="checkbox"/> Endorsement from which state _____			
What were the requirements for education at the time the license was issued?:			
Are there any pending complaints against this licensee? If yes, please explain:		[ ] Yes [ ] No	
Have there been any other actions taken against this licensee? If yes, please explain:		[ ] Yes [ ] No	
Is the licensee considered to be in good standing in your state? If no, please explain:		[ ] Yes [ ] No	
State Board Seal	Signature: _____		
	Printed Name: _____		
	Title: _____		
	State: _____ Phone Number _____		
	Date: _____		

**CORE CURRICULUM REQUIREMENTS**

Individuals who have not passed National Certification Examination for Therapeutic Massage and Bodywork are required to have taken a program consisting of the following:

- A. Core curriculum. The curriculum must include a minimum of supervised 500 clock hours of classroom and clinical instruction.
  
- B. Curriculum content. The program curriculum must include at least the required subject matter described below and the hours allotted to each required area. **In order to expedite review of your application, we encourage you to submit descriptive information (e.g. course syllabus or excerpt from the student catalogue current at the time that you attended the school) pertaining to the content of the courses listed on your student transcript. This will assist us in determining whether or not the courses you have taken meet these requirements.**

- 1. Human Anatomy, Physiology, and Pathology (120 hours minimum).

Course #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

Course #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

Course #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

- 2. Massage Therapy Theory, Technique, and Practice which includes, but is not limited to the following: Gliding Strokes; Kneading; Direct Pressure; Deep Friction; Superficial Warming Techniques; Percussion; Compression (pumping); Vibration; Jostling; Shaking; Rocking.

Course #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

Course #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

Course #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

3. Contraindications, benefits, universal precautions, body mechanics, business, history, ethics, and legalities of massage and professional standards regarding draping and modesty.

Course #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

Course #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

Course #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

4. A minimum of 100 hours of supervised hands-on practice.

Course #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

Course #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

Course #: \_\_\_\_\_  
Course Name: \_\_\_\_\_  
Number of Hours: \_\_\_\_\_

Total Hours of Supervised Hands-on Practice: \_\_\_\_\_

**TOTAL CURRICULUM HOURS:** \_\_\_\_\_  
**(Must be at least 500.)**

- C. First Aid/CPR. Proof of current certification of completion of First Aid and CPR courses taught by an instructor certified by a nationally recognized organization. CPR or First Aid instruction hours may not be counted as part of the 500 minimum hours.
- D. Demonstration of course completion. The applicant must submit an official transcript of the massage therapy program. At a minimum, the official transcript must contain the student's name and address, the number of hours of classroom instruction completed in each subject, the name and address of the institution, date of admission and date of graduation.