



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
Commissioner

VERIFICATION OF LICENSURE FORM

(for use by applicants who hold or who have held licensure or certification 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 or have held licensure or certification. 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: Massage Therapy Program, 35 State House Station, Augusta, Maine 04333-0035
-or-

Courier/Delivery Address: Massage Therapy Program, 76 Northern Avenue, Gardiner, Maine 04345

OFFICES LOCATED AT: 76 NORTHERN AVENUE, GARDINER, MAINE

PHONE: (207)624-8626 (VOICE)

TTY users: call Maine Relay 711

FAX: (207)624-8637

