

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 USERS CALL MAINE RELAY 711
Internet: 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

- Applicant Information Guide
- Individual License Application
- Verification of Licensure Form
- Core Curriculum Form
- Criminal Conviction Worksheet

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 Board by mail or hand delivery to our offices. Faxed submissions will not be accepted. Applications are reviewed and processed in the order received. Typical review and processing time of applications is up to two (2) to three (3) weeks. Incomplete applications, underlying circumstances surrounding applications and periods of high volume could result in further delays.
- 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://pfr.informe.org/almsonline/almquery/welcome.aspx>. We appreciate your thoughtful attention to this request.

IMPORTANT INFORMATION FOR LICENSEES:

➤ **Renewal**

This is an annual license, renewable each year. You may renew online at your convenience 24 hours a day, 7 days a week up to 60 days in advance of your license expiration date. Renewal reminders are currently sent to the e-mail address on file. Late renewals (up to 90 days after license expiration) incur a late renewal fee of \$50.00. Those wishing to obtain licensure after the late renewal period must submit a new application for licensure and must meet the requirements for licensure current at the time of the application.

➤ **10 Day Reporting**

Please be advised, pursuant to 10 MRS §8003-G, licensees and applicants are to report to the Office, in writing, any change in a name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

➤ **GovDelivery**

The Massage Therapy Program has teamed up with GovDelivery to manage our digital communications. As its name implies, GovDelivery works exclusively with federal, state and municipal government agencies to communicate with licensees and the public.

As a subscriber, you will automatically receive notices from the Office based on the subscriber preferences that you select. Available topics include Laws and Rules Notices (rulemaking and law changes) and Notices (news and information).

To become a subscriber, go to the Office's website and insert your e-mail address in the space provided on the left side of the page. You may unsubscribe at any time.

Licensure as a Massage Therapist

All applicants must submit the following:

- A completed and signed Application for Licensure sent by mail or courier;
- 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 sent by mail or courier accepted);
- Proof of current CPR certification (copy of certification card sent by mail or courier accepted);
- Proof of current First Aid certification (copy of certification card sent by mail or courier accepted);

Note: Online CPR & First Aid courses cannot be accepted, training(s) must be instructor led, face-to-face training. Please be prepared to substantiate that the training was face-to-face if requested.

- Documented proof of **one** of the following:
 - * Official transcript sent by mail or courier directly to this office by the educational institution indicating graduation/completion from a Department approved Massage Therapy school;
 - * Official transcript sent by mail or courier directly to this office by the educational institution indicating graduation/completion from an unapproved school and a fully completed Core Curriculum Form with course descriptions and/or syllabi sent by mail or courier; **or**
 - * Official score report documenting passage of the certification examination issued directly to this office from the National Certification Board for Therapeutic Massage and Bodywork (contact NCBTMB directly: www.ncbtmb.org ~ info@ncbtmb.org ~ (800)296-0664); **or**
 - * Official score report documenting passage of the MBLEx issued directly to this office from the Federation of State Massage Therapy Boards (contact the Federation directly: www.fsmtb.org ~ mblex@fsmtb.org ~ (866)962-3926);

- Criminal Conviction worksheet with description(s) of circumstances and court docket(s) (if applicable); and
- Detailed description and copies of all relevant documents concerning any disciplinary action taken against any professional license that you hold or have held (if applicable).

Note: Applicants who disclose more than one (1) conviction or disciplinary action taken should provide a separate explanation of circumstances for each conviction/action disclosed.

Those licensed or those who have held licensure in other jurisdiction(s) must also provide:

- Official Verification(s) of Licensure sent by mail or courier directly to this office from the issuing agency.

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 TTY users call Maine Relay 711 Web: 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: <http://pfr.informe.org/almsonline/almsquery/welcome.aspx>.
- **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	

CRIMINAL BACKGROUND DISCLOSURE
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>
1. Have you ever been convicted by any court of any crime? (circle one) NO YES If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
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 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.

SIGNATURE	DATE
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Massage Therapy Program	
Please Select License Type: <input type="checkbox"/> Massage Therapist (MT1421) Required Fee: \$86 (includes Criminal History Records Check Fee)	Office Use Only: 1421 - \$40.00 1446 - \$25.00 2619 - \$21.00
Rev. 9/2016	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____

PAYMENT OPTIONS:			
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 Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE	DATE		

Applicant's Name: _____

Education

Name of School	Date of Graduation	Major	Degree Awarded

Credentialing History

Do you hold or 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 (NCBTMB/MBLEx)? 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.

I also understand, pursuant to 10 MRS §8003-G, I am to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license I hold, or any material change set forth in this application within ten (10) days.

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
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

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:
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If no examination was taken, how was licensure obtained?

Grandfathered 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? [] Yes [] No
If yes, please explain:

Have there been any other actions taken against this licensee? [] Yes [] No
If yes, please explain:

Is the licensee considered to be in good standing in your state? [] Yes [] No
If no, please explain:

State Board Seal	Signature: _____
	Printed Name: _____
	Title: _____
	State: _____ Phone Number _____
	Date: _____

Applicant's Name: _____

Applicant's School: _____

CORE CURRICULUM REQUIREMENTS

Applicants seeking licensure via a schooling pathway whose school was not approved at the time of matriculation must complete this form and mail it to the Office for processing. The educational program must have included at least five hundred (500) hours of classroom and clinical instruction as well as the content areas outlined per the Rules of the Massage Therapy Program.

In order to expedite review of your application, you are encouraged 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: _____

Applicant's Name: _____

Applicant's School: _____

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)

Notes to Applicant:

- 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.
- Demonstration of course completion. The educational institution must send an official transcript by mail or courier to 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.



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

Paul R. LePage
 Governor

Anne L. Head
 Commissioner

Criminal Conviction Worksheet

If you answered “yes” to the criminal conviction question on page 1 of the licensure application, please complete the following worksheet and mail it with your fully completed application for licensure. You may attach additional worksheets if necessary. **Failure to report all criminal convictions may result in denial and/or disciplinary action against your license.**

Criminal Conviction	Date of Conviction
My detailed explanation of the circumstances surrounding my conviction is attached or has already been received in the Office	[] YES [] NO*
The court docket/judgment is attached or has already been received in the Office	[] YES [] NO*
*If you answered no to the above, please note that this documentation must be received before your application will be considered complete. If you did not retain a copy, you can typically obtain the court docket/judgment directly from the court of jurisdiction where the incident(s) took place.	

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OFFICES LOCATED AT: 76 NORTHERN AVENUE, GARDINER, MAINE