



State of Maine  
Department of Professional & Financial Regulation  
Office of Professional & 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		SOCIAL SECURITY NUMBER	
<i>mm / dd / yyyy</i>		- -	
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE #	FAX #	E-MAIL	
( )	( )		

**Massage Therapy**

LICENSE TYPE:

- Massage Therapist (MT1421)  
**Required fees: \$61.00 (includes criminal history records check fee)**

**Office Use Only:**

1421 - \$40.00  
2619 - \$21.00

*Office Use Only:*

Check # \_\_\_\_\_

Amount: \_\_\_\_\_

Cash # \_\_\_\_\_

Lic. # \_\_\_\_\_

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" – if you wish to pay by credit or debit card, 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 card the following amount: \$ _____	
<input checked="" type="checkbox"/> <b>I understand that fees are non-refundable</b>	
Card number:	Expiration Date
<i>XXXX-XXXX-XXXX-XXXX</i>	<i>mm / yyyy</i>
SIGNATURE	DATE
_____	_____

### 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 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.

**What if I have other questions?** Visit our website at: <http://www.maine.gov/pfr/professionallicensing/professions/massage/> or contact the office at Tel. 207/624-8603 or e-mail: [massage.therapy@maine.gov](mailto:massage.therapy@maine.gov)

### 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 & 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
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

**Credentialing History**

Have you ever held a professional license/certification/registration in this or any other state/country?

[ ] YES [ ] NO

Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure?

[ ] YES [ ] NO

If yes:

Profession	License #	State/ Country	Date Issued	Expiration Date	Has this license been the subject of discipline or been denied? Yes or No

**Background Check Notice**

Pursuant to 5 MRS §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.

**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: \_\_\_\_\_

**Please read the laws governing the licensure and practice of massage therapy prior to submitting your application. These are available at the following website:**

<http://www.maine.gov/pfr/professionallicensing/professions/massage/laws.htm>

**Please include the following with your application:**

- Payment of \$40.00 license fee;
- Payment of \$21.00 criminal history records check fee;
- 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);
- Verification of licensure for each license you hold or have held (see verification of license instructions on page 5); and
- Documented proof of one of the following:
  - Official transcript indicating graduation/completion from a Department approved Massage Therapy school; **or**
  - Official transcript indicating graduation/completion from an unapproved school and a fully completed Core Curriculum Forms (see pages 6-7) with course descriptions and/or syllabi; **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](http://www.ncbtmb.org) ~ [info@ncbtmb.org](mailto: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](http://www.fsmtb.org) ~ [mblex@fsmtb.org](mailto:mblex@fsmtb.org) ~ (866)962-3926).

## VERIFICATION OF LICENSURE

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

Please contact the state of licensure to request an official License Verification. At a minimum, the license verification must contain:

- Name of State providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked
- Type of license issued to you
- Date your license was issued
- Disciplinary action(s) against your license, if any

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web -address, date the License Verification was printed, and any indication of disciplinary history, e.g. no discipline or discipline. If discipline is indicated, please submit a copy of the discipline imposed such as the Board Order or Agreement.

A copy of your license is not acceptable as a license verification.

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)**