



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, Kentucky 40602
911 Leawood Drive, Frankfort, Kentucky 40601 (Overnight Delivery Only)
Fax: (502) 696-5230 ~ <http://bmt.ky.gov>

Form Revision Date:
September 2015
Fee Received:

APPLICATION FOR INACTIVE or RETURN TO ACTIVE STATUS COMBINED INSTRUCTIONS

- Refer to KRS 309.362 (3); 201 KAR 42:020, Section 2(4), (5), and (6) for laws and regulations related to moving to inactive status.
- Refer to KRS 309.362 (2); 201 KAR 42:020, Section 2(7) and (8) and 201 KAR 42:040 Section 6 for laws and regulations related to returning to active status.
- Type or print the information legibly and completed in its entirety, including your email address.
- **You must hold an active license in order to move to inactive status.**
- **Inactive status requires *annual* renewal.**
- **You may hold inactive status for five years.** After that time, your license will expire and you will need to reapply for a license.
- Documentation of continuing education is not required while maintaining inactive status.
- **To return to active status, you must document one hour of earned continuing education for each month you were inactive.**
- **You may return to active status at any time provided all requirements are met. Your renewal date will remain unchanged.**
- **While holding inactive status, you may not call yourself a “licensed massage therapist” or practice massage therapy.**
- The fee for inactive status is assessed annually because it is considered temporary.
- The fee for returning to active status is \$50.00 and will not be prorated.
- The fee can be paid by check or money order must be made payable to **Kentucky State Treasurer**. **DO NOT SEND CASH.**
- Mail your application to *the Kentucky Board of Licensure for Massage Therapy either by mail to P.O. Box 1360, Frankfort, KY 40602 or by overnight delivery to 911 Leawood Dr., Frankfort, KY 40601.*

Apply for Inactive License Renewal of Inactive License Return to Active Status

REQUIRED APPLICATION INFORMATION

Last Name		First Name		Middle Initial	Maiden Name
Home Address: Street		City	County	State	Zip Code
Business Name					
Business Address: Street		City		State	Zip Code
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Primary Phone Number	Social Security Number	Date of Birth		Email Address	

Date of Expiration of Current License _____ Date your License became inactive _____ # of years inactive status _____
(inactive status is 5 years maximum)

Schedule of Fees

- | | | |
|--------------------------|--|---------------|
| <input type="checkbox"/> | Inactive Status – on- time renewal, paid annually | fee: \$ 35.00 |
| <input type="checkbox"/> | Inactive Status - 1- 60 days past the renewal date | fee \$ 52.50 |
| <input type="checkbox"/> | Inactive Status - 61-90 days past the renewal date | fee \$ 70.00 |
| <input type="checkbox"/> | Return to Active Status (not prorated) | fee \$ 50.00 |

Yes No Have you been convicted of a misdemeanor or violation since your last application? **If yes, attach an explanation and official court documentation. Minor traffic violations do not require official documentation.** KRS 309.358 (3)

- Yes No Have you been convicted of a felony, including a plea of nolo contendere, a guilty plea or entry into a diversionary agreement since your last application? **If yes, attach an explanation and official court documentation showing the disposition of your case.** KRS 309.358 (3)
- Yes No Have you been subjected to disciplinary action, including voluntary relinquishment, by a state or local government licensure board, NCBTMB, or a professional association of massage therapy since your last application? **If yes, attach an explanation and supporting documentation.**
- Yes No Have you defaulted on the repayment obligation of financial aid programs administered by the Kentucky Higher Education Assistance Authority (KHEAA) per KRS 164.772 since your last application?

Signature: _____ Date _____