



# KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, Kentucky 40602  
500 Mero Street 2SC32, Frankfort, Kentucky 40601 (Overnight Delivery Only)  
Ph: 502-782-8808 ~ Fax: (502) 502-564-4818 ~ <https://bmt.ky.gov>

Form Revision Date:  
June 2021

Fee Received:

## APPLICATION FOR LICENSURE AS A MASSAGE THERAPIST

### INSTRUCTIONS for INITIAL LICENSE

- Refer to KRS 309.358 and 201 KAR 42:035.
- Type or print the Required Application Information legibly and complete it in its entirety.
- Attach continuation sheets if more space is needed to provide information.
- In the presence of a Notary, sign and date the application.
- Enclose the *non-refundable* fee of \$200.00. All fees paid by check or money order shall 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: 500 Mero Street 2SC32, Frankfort, KY 40601.

### REQUIRED APPLICATION INFORMATION

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

Yes  No Is a two (2) inch by two (2) inch or larger passport quality color head shot photograph of only the applicant taken within the previous six (6) months to reflect the current appearance of the applicant attached to this application?

Yes  No Are you a citizen of the United States? If no, list your country of citizenship and attach a copy of your U.S. Department of Immigration documents which grant you legal permission to work in the United States.

Country: \_\_\_\_\_

Yes  No Have you been convicted of a misdemeanor or violation? If yes, attach an explanation of the incident which resulted in the conviction and official court documentation showing the disposition of your case. Minor traffic violations do not require official documentation. KRS 309.358(1)(c); KRS 335B.010 to 335B.070.

Yes  No Have you been convicted of a felony, including a plea of *nolo contendere*, a guilty plea, or entry into a diversionary agreement? If yes, attach an explanation and official court documentation showing the disposition of your case.

Yes  No Are you or have you ever been licensed, certified or registered as a massage therapist, or any other health care or professional occupation in any other state or jurisdiction? If yes, list each one below. Attach additional pages, if necessary. Attach a copy of the license or registration and a letter of good standing/ verification showing any disciplinary status for each state where you hold or have held a license.

State or Municipality	License/Cert/Registration Number	Date Issued	Expiration Date
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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? If yes, attach an explanation and supporting documentation.

Yes  No Is your license under disciplinary review in another state for massage therapy, or any other occupation or profession? If yes, attach an explanation and supporting documentation.

Yes  No Has another state or jurisdiction denied your application for license as a massage therapist, or any other health care or professional occupation? If yes, attach an explanation and supporting documentation.

- Yes  No      Have you completed the required minimum curriculum which includes:  
 125 clock hours of anatomy, physiology, or kinesiology;  
 200 clock hours of massage/bodywork theory, technique, and practice;  
 200 clock hours related to the business of massage therapy;  
 40 clock hours of pathology; and  
 35 clock hours at the school's discretion?

If so, submit an official transcript to the licensure board, in an envelope sealed by the school and mailed directly from the school with the clock hour breakdown.

- List all massage therapy schools attended on the lines below. Attach additional sheets if necessary.

Name of School	City, State	Dates Attended	Type of Degree or Diploma
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- Yes  No      Have you taken and passed a licensing exam? (Acceptable exams include NCBTMB exam; MBLEx exam; FSMTB exam; NCAA exam; NBCA exam; Ohio Massage Therapy licensing exam; the State of New York Massage Therapy licensing exam). Licensing or certification exam results shall be sent directly to the Kentucky Board of Licensure for Massage Therapy from the testing agency.

What exam did you take? \_\_\_\_\_.

- Yes  No      Have you been employed as a Massage Therapist? If yes, list all employment, beginning with current employment. If additional space is needed, attach an additional sheet containing this information.

Name of Facility	City, State	Dates of Employment	Position
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**KENTUCKY STATE POLICE AND FBI BACKGROUND CHECK REMINDER**

- All applicants for licensure are now required to submit a recent fingerprint-supported background check performed by the Kentucky State Police (KSP) and Federal Bureau of Investigation (FBI). The required background check shall be applied for within ninety (90) days before the date of the application for licensure.
- If you have completed the required background check and received a copy, please attach a copy to your application.
- If you have not applied for a background check, please attach a letter to your application explaining why you have not completed the background check and state how much additional time you need to complete the requirement. The board shall allow additional time for applicants submitting documented proof of a medical disability, illness, or military service that preclude timely submission of the background check.
- Warning: Applications received without a completed background check or letter of explanation will be denied as incomplete applications.
- For the current procedures on how to obtain official KSP and FBI background checks (also known as an identity history summary), please contact the KSP and FBI for their current procedures. Further information about current procedures may also be found at: FBI.GOV and <https://kentuckystatepolice.org/background-checks>.

**APPLICANT AFFIDAVIT**

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any misrepresentation or falsification on this application, the Kentucky Board of Licensure for Massage Therapy could deny or revoke my license.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Applicant Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_   
Notary Public Signature

\_\_\_\_\_   
County

\_\_\_\_\_   
State

\_\_\_\_\_   
Notary Commission Expires

Place Notary Seal Here: