



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, KY 40602
500 Mero Street, 2SC32, Frankfort, KY 40601 (Overnight Delivery Only)
Ph: (502) 782-8810 ~ Fax: (502) 564-4818 ~ <https://bmt.ky.gov>

Form Revision Date:
June 2021

Fee Received:

APPLICATION FOR REINSTATEMENT

INSTRUCTIONS

- Refer to KRS 309.357(1), 309.361 and 201 KAR 42:040.
- Type or print the information legibly and complete it in its entirety.
- List *each* business phone number and business address where you practice massage therapy.
- Attach additional pages if more space is needed to provide required information.
- Submit a list of continuing education coursework, showing a minimum of twelve (12) hours taken within each renewal period. Three (3) hours of the required minimum twelve (12) hours must be continuing education in ethics. Identify which of the courses you took were in ethics.
- Attach documentation/certificates of continuing education coursework.
- Enclose the *non-refundable* fee. 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 by mail to: P.O. Box 1360, Frankfort, KY 40602 or by overnight mail to: 500 Mero Street, Frankfort, KY 40601.
- Affix a two (2) inch by two (2) inch or larger passport color head shot photograph of only the applicant taken within the previous six (6) months to reflect the current appearance of the applicant to this application.
- If more than five (5) years have passed since your license expired, you must apply for a new license.

REQUIRED APPLICATION INFORMATION

Last Name	First Name	Middle Initial	Maiden
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Home Address: Street	City	County	State	Zip Code
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Business Name

Business Address: Street	City	State	Zip Code
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Primary Phone Number	Social Security Number	Date of Birth	Email Address
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Date of Expiration of Current License _____

Type of Reinstatement: Requires late renewal fee of \$250 plus:

- Submitted after 90 days, but before 1 year after expiration fee: \$100
- Submitted after 1 year, but before 2 years after expiration fee: \$150
- Submitted after 2 years, but before 3 years after expiration fee: \$200
- Submitted after 3 years, but before 4 years after expiration fee: \$250
- Submitted after 4 years, but before 5 years after expiration fee: \$300

Yes No Have you been convicted of a misdemeanor or violation since your last application? 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); and 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 since your last application? If yes, attach an explanation and official court documentation showing the disposition of your case. KRS 309.358(1)(c); KRS 309.362(1)(b); KRS 335B.010 to 335B.070.

Yes No Have you been subjected to investigation, review, or 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 of the incident which resulted in the conviction and official court documentation showing the disposition of your case.

INSTRUCTIONS: In the table below, list all requested information for the courses you completed since the expiration of your license. You are required to obtain twelve (12) hours of continuing education for each biennium. All hours shall be related to the field of massage therapy and 3 of those hours must be in the study of ethics. Enter the total hours earned on the line indicated. Add an additional page if necessary. Attach *copies* of the documentation of your coursework.

Carry-over Hours: List carryover coursework separately in the section provided. Up to six (6) hours of continuing education hours may be “carried over” from the previous renewal period. However, hours earned in a single course *may not* be split between renewal periods.

Ethics Course Name & Number	Provider Name/Number	Provider Phone Number	Date/s of Completion	Hours Earned
Course Name & Number	Provider Name/Number	Provider Phone Number	Date/s of Completion	Hours Earned
Carryover* Course Name & Number (if used)	Provider Name/Number	Provider Phone Number	Date/s of Completion	Hours Earned

*Up to six (6) hours of continuing education hours may be “carried over” from the previous renewal period. However, hours earned in a single course may not be split between renewal periods.

TOTAL CE HOURS _____

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 an 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