



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

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

Form Revision Date:

12/2020

Fee Received:

APPLICATION FOR LICENSURE AS A MASSAGE THERAPIST

INSTRUCTIONS for both INITIAL LICENSE and LICENSE by ENDORSEMENT

- Refer to KRS 309.358, KRS 309.359, KAR 42:035 and KAR 42:070.
- Type or print the Required Application Information legibly and completed in its entirety.
- Attach continuation sheets if more space is needed to provide information.
- If you have been convicted of any felonies or misdemeanors attach official documents showing disposition of your case.
- Write and submit a brief description of the incident which resulted in the conviction referenced above.
- If you have ever been licensed in Kentucky or another state, attach licensure verification from that state that shows your disciplinary status..
- If you have ever been disciplined as a massage therapist, either as a massage therapist or other health care or professional occupation, attach an explanation and supporting documentation.
- If another state has denied your application for a massage therapy license, attach an explanation.
- Submit an official transcript to the licensure board, either in an envelope sealed by the school or mailed directly from the school with the clock hour breakdown showing that you have completed Kentucky's required curriculum which includes:
 - 125 clock hours of anatomy and physiology
 - 200 clock hours of massage/bodywork theory and technique
 - 200 clock hours related to the business of massage therapy
 - 40 clock hours of pathology
 - 35 clock hours at the school's discretion
- Provide proof of passage of an approved licensing/certifying exam and have the licensing/certifying exam results sent directly to the board from the agency who administers the exam. Please indicate which exam you have taken (NCBTMB, MBLEx etc.)
- In the presence of a Notary, sign and date the application.
- Enclose the *non-refundable* fee of \$125.00. All fees 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 500 Mero Street., Frankfort, KY 40601.*

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
--------------------------	------	-------	----------

() - - - / /

Primary Phone Number	Social Security Number	Date of Birth	Email Address
----------------------	------------------------	---------------	---------------

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 ever been convicted of a misdemeanor or violation? **If yes, attach an explanation and official court documentation. Minor traffic violations do not require official documentation.**

Yes No Have you ever 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 Have you ever been licensed, certified or registered as a massage therapist in any state or municipality? **If yes, list every one below. Attach additional page, if necessary.**

State or Municipality	License/Cert/Registration Number	Date Issued	Expiration Date
-----------------------	----------------------------------	-------------	-----------------

Yes No Have you ever been subjected to disciplinary action, 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.**

Yes No Have you ever been denied a license in massage therapy or any other occupation or profession? **If yes, attach an explanation.**

List all massage therapy schools attended on the lines below. **Have school send official transcript directly to the Kentucky Board of licensure for Massage Therapists.**

Name of School	City, State	Dates Attended	Type of Degree or Diploma
----------------	-------------	----------------	---------------------------

Yes No Have you taken and passed a licensing exam? (Acceptable exams include NCBTMB exam; MBLEx exam; Ohio Massage Therapy licensing exam; the State of New York Massage Therapy licensing exam) **Licensing/certification exam results must be sent directly to the Kentucky Board of Licensure for Massage Therapists from the testing agency. Please indicate which exam you have taken** _____

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
------------------	-------------	---------------------	----------

▶ If applying for License by Endorsement, provide a certified statement from your current credentialing body (eg. Licensing board) showing that you are in good standing, and have it submitted directly to the Kentucky Board of Licensure for Massage Therapy.

▶ If applying for License by Endorsement from a *state with lower licensing standards than Kentucky*, you may submit any documents that show evidence of your training and experience. Possible documents include:

- Copies of continuing education transcripts or certificates not included in initial training
- Certified transcript of healthcare related academic coursework
- Proof of teaching massage-relevant coursework
- Research
- Clinical internships
- Publications
- Massage therapy leadership positions
- Evidence of hands-on therapeutic massage or bodywork sessions, such as Log or Appointment books or Employer verification of experience. NOTE: Hands-on experience must equal at least 4 years in lieu of other evidence.

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: