



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street, 25C32[911 Leewood Drive], Frankfort, KY[Kentucky] 40601 (Overnight Delivery Only)
Ph: (502) 782-8810 - Fax: (502) 564-4818[696-5230] ~ https://bmt.ky.gov

Form Revision Date:
June
2021[September
2015]

APPLICATION FOR INACTIVE STATUS, RENEWAL OF INACTIVE STATUS,
or RESTORE[RETURN TO] ACTIVE STATUS

COMBINED INSTRUCTIONS

- Refer to KRS 309.357(2)[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 309.357(3)[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 restoring[returning to] active status.
Type or print the information legibly and completed in its entirety, including your email address.
You must hold an active unexpired 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. KRS 309.357(3).
Documentation of continuing education is not required while maintaining inactive status.
To return to active status, you must document completion of one (1) hour of continuing professional education for every six (6) months the license has been in an inactive state. KRS 309.357(3)[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 500 Mero Street, Frankfort, KY 40601.
[Please affix a two (2) inch by two (2) inch or larger passport qualify color photograph of the applicant to the application form.]

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 _____
Number[#] of years inactive status _____ (inactive status is 5 years maximum)

Schedule of Fees

- Inactive Status – on- time renewal, **paid annually** fee: \$ 50.[35].00
- Inactive Status - 1- 60 days past the renewal date fee \$ 70.00[52-50]
- Inactive Status - 61-90 days past the renewal date fee \$ 85[70].00
- Restore[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(1)(c)[(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(1)(c) and KRS 309.362(1)(b); KRS 335B.010 to 335B.070[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.** KRS 309.362(1)(b); KRS 335B.010 to 335B.070.[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: _____

