



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

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

Form Revision Date:

June
2021~~September~~
2015

Fee Received:

APPLICATION FOR LICENSURE AS A MASSAGE THERAPIST

INSTRUCTIONS for ~~[both]~~ INITIAL LICENSE ~~[and LICENSE by ENDORSEMENT]~~

- Refer to KRS 309.358 and ~~[, KRS 309.359,]~~ 201 KAR 42:035 ~~[and 201 KAR 42:070]~~.
- 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.
- ~~[Attach a 2 X2 or larger passport quality photograph of yourself.~~
- ~~Attach the results of your official FBI background check or have the FBI forward the results directly to the Board. For the current procedures on how to obtain an official FBI background checks (also known as an identity history summary), please contact the FBI for their current procedures. FBI.GOV.~~
- ~~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 documentation. Applicants who have ever been licensed in another state shall also attach letters of good standing/verification showing disciplinary status for each state where they currently hold or have held a license.~~
- ~~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, in an envelope sealed by the school and 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, physiology~~
 - ~~_____ 200 clock hours of massage/bodywork theory 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 or certifying exam and have the licensing or certifying exam results sent directly to the board from the agency who administers the exam.]~~
- In the presence of a Notary, sign and date the application.
- Enclose the *non-refundable* fee of ~~\$200.00~~ \$125.00. 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[911 Leewood Drive]~~, Frankfort, KY 40601.

REQUIRED APPLICATION INFORMATION

<u>[Last Name Name]</u>		<u>First Name</u>		<u>Middle Initial</u>		<u>Maiden</u>	
<u>Last Name</u>		<u>First Name</u>		<u>Middle Initial</u>		<u>Maiden</u>	
<u>Name</u>							
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)(~~3~~); KRS 335B.010 to 335B.070[KRS 335B.040].**

☐ 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. [KRS 309.358(3)]

- ☐ 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[municipality]? If yes, list each one~~every 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~~ever~~ 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~~[Have you ever been denied a license in massage therapy or any other occupation or profession]~~? **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.**~~[Have school send official transcript directly to the Kentucky Board of Licensure for Massage Therapy.]~~

Name of School	City, State	Dates Attended	Type of Degree or Diploma
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☐ 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 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 shall equal at least 4 years in lieu of other evidence.

▶ **LETTER OF GOOD STANDING:** If applying for License by Endorsement, provide a letter of good standing from your current credentialing body (e.g. Licensing board) showing that you are in good standing, and have it submitted directly to the Kentucky Board of Licensure for Massage Therapy.]

~~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:]



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KENTUCKY STATE POLICE AND FBI BACKGROUND CHECK REMINDER

- All applicants for licensure [~~and renewal~~] 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~~[one hundred eighty]~~ (90[180]) days before the date of the application for licensure.
- If you have completed the required~~[an FBI]~~ background check and received a copy, please attach a copy to your application.
- If you have not applied for a~~[an FBI]~~ background check, please attach a letter~~[write a notice for the board and attach the letter]~~ to your application explaining~~[Explain]~~ 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~~[an FBI]~~ 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: