



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, Kentucky 40602
 500 Mero Street, ~~2SC32~~, Frankfort, KY ~~Kentucky~~ 40601 (Overnight Delivery Only)
 Ph: (502) 782-8810 ~ Fax: (502) 564-4818 ~~[696-5230]~~ ~ <https://bmt.ky.gov>

Form Revision Date:
[October, 2016] June 2021

Fee Received:

APPLICATION FOR LICENSE RENEWAL

INSTRUCTIONS

- Refer to KRS 309.357(1) ~~[(3), (4), (5), (6)]~~ and KRS 309.361; 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 ~~[continuation sheets]~~ if more space is needed to provide required information.
- ~~[Submit a list of continuing education coursework, showing a minimum of hours taken within the renewal period.]~~ continuing education in ethics.]
- Attach documentation/certificates of continuing education coursework.
- Enclose the *non-refundable* renewal 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 quality color head shot photograph of only the applicant taken within the previous six (6) months to reflect the current appearance of the applicant to the application form.
- If payment and complete information are not received by the board on or before the anniversary date of the issuance of the license, the license shall expire and you shall not practice nor represent yourself as a massage therapist in Kentucky. ~~[You shall not practice beyond your expiration date until your license renewal has been approved by the Board].~~
- If you are more than ninety (90) days late in renewing your license, you must file an Application for Reinstatement, pay a late renewal fee, a reinstatement fee and submit proof of completion of continuing education courses, one (1) per credit per month of expiration. If more than five (5) years have passed since your license expired, you must apply for a new license.
- Each applicant for renewal who has been convicted of a crime or who has been disciplined by the board of another jurisdiction during the licensure period immediately preceding the submission of the Application for Renewal shall submit a recent fingerprint supported background check performed by the Kentucky State Police and the Federal Bureau of Investigation. The required background check shall be applied for within the ninety (90) days preceding the date the Application for Renewal is submitted.

REQUIRED APPLICATION INFORMATION

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

Date of Expiration of Current License _____

Type of Renewal

- ☐ Submitted on or before the renewal date fee: \$200 ~~[100]~~.00
☐ 1-60 days past the renewal date fee: \$225 ~~[150]~~.00
☐ 61-90 days past the renewal date fee: \$250 ~~[200]~~.00
☐ Beyond 90 days, an Application for Reinstatement is required ~~[attach a written request for extension with documentation or a letter explaining the reason for the late filing]~~

☐ 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); KRS 309.362(1)(b); KRS 335B.010 to 335B.070 ~~[309.358-(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); KRS 309.362(1)(b); KRS 335B.010 to 335B.070[309.358-(3)].

☐ 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 and supporting documentation.

INSTRUCTIONS: In the table below, list all requested information for the courses you completed in the two years preceding your current renewal date. Incomplete information will be returned. You are required to obtain twelve (12)[24] hours of continuing education during your renewal period. 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.

Audited and late renewal applications only: Attach *copies* of the documentation of your coursework.[~~Attach a written request for extension of time or waiver of requirements if late.~~]

Carry-over Hours: List carryover coursework separately in the section provided. Up to six (6)[12] 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)[12] 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 APPLIED TO THIS RENEWAL PERIOD: _____

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.

Applicant Signature _____

Date _____