



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 Mainstream Drive
NASHVILLE, TN 37243

TENNESSEE MASSAGE LICENSURE BOARD
1-800-778-4123 ext. 2532111
(615) 253-2111

MASSAGE THERAPIST LICENSURE APPLICATION INSTRUCTIONS AND CHECK SHEET

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or they will be rejected by the Board.**

LICENSURE BY EXAMINATION

DONE

1. Complete, sign, have notarized and mail the application pages 1 through 6. **(All applications must include Declaration of Citizenship and the Practitioner Profile)** _____
2. Submit a copy of your birth certificate or other equivalent document (i.e.: photocopy of passport). _____
3. Applicants who are not citizens of the United States or whose birth certificates reflect they were not born in the United States shall submit proof of their immigration status demonstrating their right to live and work in the United States. **All applicants must complete and submit the Declaration of Citizenship.** Form is available online at <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-41833.pdf> _____
4. Submit two (2) recent (within the preceding twelve (12) months, original signed and dated letters from health care professionals that include the professional's licensing credentials and attesting to your personal character & professional ethics. The letters should be drafted on the writer's professional letterhead and include the writer's contact information (Name, Address, and Phone Number). _____
5. Submit with your application a check or money order in the amount of **\$280.00** made payable to the State of Tennessee. All application fees are non-refundable. **Make check or money order payable to: State of Tennessee** _____
6. Verification of licensure from each and every state where **any** licensure is or has been held. The verification must be submitted directly to the Board's office from the other state(s). _____
7. Request verification of successful completion of the MBLEx examination offered by the FSMTB or an examination offered by the NCBTMB is sent to the Board directly from the Institution. _____
8. You must complete and return the Mandatory Practitioner Profile Questionnaire with the application. Make sure all questions are answered. If not applicable, write N/A. Form is available online at <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-3585.pdf> _____

9. Certified transcripts submitted directly from the school in which you completed a massage, bodywork, and or somatic therapy curriculum of no less than five-hundred (500) hours. Schools must be approved by the Tennessee Higher Education Commission or its equivalent in another state or by the Tennessee Board of Regents. Transcripts must show two-hundred (200) hours of sciences, two-hundred (200) hours of massage theory, eighty-five (85) hours of allied modalities, ten (10) hours of ethics and five (5) hours of Tennessee massage statutes and regulations. Please request your school to submit a breakdown of your massage hours along with the transcript.

10. A new Criminal Background Check is required to be obtained through the vender contracted with the State, and the Massage Therapist OCA# is 2680. For instructions to obtain a criminal background check, go to <https://www.tn.gov/health/health-professionals/criminal-background-check/cbc-instructions.html>.

LICENSURE BY RECIPROCITY IF NOT APPLYING BY EXAMINATION

DONE

1. Complete, sign, have notarized and mail the application pages 1 through 6.

2. Submit a copy of your birth certificate or other equivalent document (i.e.: photocopy of passport).

3. Applicants who are not citizens of the United States or whose birth certificates reflect they were not born in the United States shall submit proof of their immigration status demonstrating their right to live and work in the United States. **All applicants must complete and submit the Declaration of Citizenship.** Form is available online at <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-41833.pdf>

4. Submit two (2) recent (within the preceding twelve (12) months, original signed and dated letters from health care professionals that include the professional's licensing credentials and attesting to your personal character & professional ethics. The letters should be drafted on the writer's professional letterhead and include the writer's contact information (Name, Address, and Phone Number).

5. Submit with your application a check or money order in the amount of **\$280.00** made payable to the State of Tennessee.

6. Verification of licensure from each and every state where any licensure is or has been held. The verification must be submitted directly to the Board's office from the other state(s).

7. You must complete and return the Mandatory Practitioner Profile Questionnaire with the application. Make sure all questions are answered. If not applicable, write N/A. Form is available online at <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-3585.pdf>

8. A new Criminal Background Check is required to be obtained through the vender contracted with the State, and the Massage Therapist OCA# is 2680. For instructions to obtain a criminal background check, go to <https://www.tn.gov/health/health-professionals/criminal-background-check/cbc-instructions.html>.

9. Applicants who are licensed or have been licensed in another state must have certified transcripts submitted directly to the Board's administrative office from the school(s) in which you completed a massage, bodywork, and or somatic therapy curriculum of no less than five-hundred (500) hours. Transcripts must show two-hundred (200) hours of sciences, two-hundred (200) hours of massage theory, eighty-five (85) hours of allied modalities, and ten (10) hours of ethics. Applicants must also request that verification of having passed the MBLEx examination or the NCBTMB or its successor organization be submitted to the Board Administrative office.

OR

To avoid most of the educational requirements the applicant must request proof from the NCBTMB of their certification for the five (5) year period immediately preceding application for licensure be submitted directly to the Board Administrative Office. The applicant must also submit documentation of engaging in the practice of massage therapy in another state for the five (5) year period immediately preceding application for licensure, and proof of completing at least ten (10) classroom hours of ethics instruction at a massage school. _____

10. All applicants for reciprocity must submit proof of having successfully completed five (5) classroom hours of instruction regarding Tennessee massage statutes and regulations from an approved Tennessee Massage School/program. _____

UNDERSTANDING THE APPLICATION PROCESS

If an address change occurs at any time, you must notify the Board office, in writing, immediately.

1. **ALL APPLICATION FEES ARE NON-REFUNDABLE.**
2. All documents and fees required to be submitted by you, or which must be requested from the appropriate institutions in this application process, must be mailed directly to:

**Massage Licensure Board
665 Mainstream Drive
Nashville, TN 37243**

**For Federal Express or Special Courier:
Massage Licensure Board
665 Mainstream Drive
Nashville, TN 37228**

3. Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. Federal Express or special courier services will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used you will be responsible for charges incurred. The Board asks that you please give the Board office every consideration in this matter.
4. If all required documentation is not received with your initial application, a letter will be sent to you outlining all missing and additional information required. The supporting documentation requested in the letter must be received in the Board office sixty-five (65) days from the date of the initial deficiency letter. Files not completed in a timely manner will be closed.
5. Absent any complicating factors, the average application processing time is **six weeks**. Once the application is completed, your file will be reviewed and an initial licensure determination made. You will be notified by letter of the initial determination.
6. **It is recommended that you do not make arrangements to accept employment as a massage therapist until you are granted a license or authorization from the Board.**
7. **Massage establishments in Tennessee are required to be licensed by the Board. You should not open a massage establishment in Tennessee or begin working at a massage establishment in Tennessee unless that establishment is licensed.**
8. You must enter your social security number. State law requires social security numbers on this application. T.C.A. § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identify and for any other purpose allowed by state or federal law.

Thank you for your cooperation. We will make every effort to process your application in an expeditious and efficient manner.

EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for **all** educational institutions you have attended beyond high school. Use the back of this page if you need additional space.

College/University		Educational Institution	City, State	Degree Earned/ Year Graduated
From: To:				
_____	_____	_____	_____	_____
Mo./Yr. Mo./Yr.				

Massage Bodywork Training				
From: To:				
_____	_____	_____	_____	_____
Mo./Yr. Mo./Yr.				

Massage Bodywork Training				
From: To:				
_____	_____	_____	_____	_____
Mo./Yr. Mo./Yr.				

Please complete your last five years employment history starting with the most current position first. Include an explanation regarding any gaps in your employment history. Use the back of this page if you need additional space. If not applicable, mark this section N/A.

<u>Company/ Employer & Supervisor:</u>	<u>Address:</u> (City, and State)	<u>Position:</u>	<u>Duties:</u>	<u>Dates</u> <u>From:</u> <u>To:</u> Mo./Yr. Mo./Yr.	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CERTIFICATION INFORMATION

YES NO

Are you or have you ever been licensed in the massage profession in another state? _____

Are you or have you ever been licensed in any other profession in Tennessee or another state? _____

If yes answer to either of the above, please list name license was issued under if different from name on application: _____

List below **ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED, PERMITTED, OR CERTIFIED.** Additional pages may be added if necessary. Request that verification of licensure be submitted directly to the Board's Office from each state.

STATE	PROFESSION	LICENSE NUMBER	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List below and provide the address for all massage establishments in Tennessee currently or previously owned or applied for by applicant. If not applicable, put N/A:

YES NO

1. Have you taken and passed an examination offered by the NCBTMB or the MBLEx Examination offered by the FSMTB? _____

If yes, check one: NCBTMB_____ MBLEx_____

- 2. Have you ever previously applied for a massage therapist license in Tennessee? _____
- 3. Have you previously applied for a massage establishment license in Tennessee? _____
- 4. Do you have the ability to read, write, speak, and understand English fluently? _____
- 5. Have you read and do you understand the rules and regulations of the TN Massage Licensure Board? _____

6. If someone other than applicant is completing this application, please provide name, address, and the contact phone number for the person completing this application:

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION.

Additional information may be requested and/or required before a licensure decision may be made. For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
 - a. The cognitive capacity to exercise reasoned judgments and to learn and keep abreast of developments in your profession; and
 - b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
3. **"Minor Traffic Offense"** generally means moving and non-moving violations punishable by fines only and **does not include** offenses such as driving under the influence or while intoxicated or reckless driving.
4. **"Chemical substances"** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
5. **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.
6. **"Illegal use of illicit or controlled substances"** means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation. **YES NO**

- | | | | |
|----|---|-----|-----|
| 1. | Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? | ___ | ___ |
| 2. | Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? | ___ | ___ |

If so, please list: _____

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.]

COMPETENCY INFORMATION (continued)

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation. **YES NO**

- | | | | |
|-----|--|-----|-----|
| 3. | At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances? | ___ | ___ |
| 4. | Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of illicit or controlled substances? | ___ | ___ |
| 5. | Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature? | ___ | ___ |
| 6. | Have you ever held or applied for a license, privilege, registration or certificate to practice massage or any other healthcare profession in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? | ___ | ___ |
| 7. | Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? | ___ | ___ |
| 8. | Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action? | ___ | ___ |
| 9. | Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended? | ___ | ___ |
| 10. | Have you ever been rejected or censured by a professional association or society? | ___ | ___ |
| 11. | In relation to the performance of your professional services <u>in any profession:</u> | ___ | ___ |
| a. | Have you ever had a final judgment rendered against you; | ___ | ___ |
| b. | Have you ever entered into any settlement of any legal action; or | ___ | ___ |
| c. | Are there any legal actions pending against you or to which you are a party? | ___ | ___ |
| 12. | Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction? | ___ | ___ |
| 13. | Has your name been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state) | ___ | ___ |
| 14. | Have you ever failed a national massage therapy examination? | ___ | ___ |
| | If yes, which exam and how many times have you failed? _____ | | |

AFFIDAVIT AND RELEASE

I, _____, of _____,
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice of my profession in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice my profession.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

Sworn to before me, this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____