



## Massage Therapist

### APPLICANT INFORMATION

Full Legal Name: \_\_\_\_\_  
First Middle Last

All Previous Legal Names: \_\_\_\_\_

Other DOPL Licenses Held: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
*Note: All Division notices and communication will be sent to this email.*

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: \_\_\_\_\_

Driver License or State ID Card: \_\_\_\_\_  
State of Issue License Number Expiration Date

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

### AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## QUALIFYING QUESTIONNAIRE

**Read thoroughly and answer each question. Do not leave any question blank.**

*A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.*

1.  Yes  No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise disciplined in any way?

2.  Yes  No Do you CURRENTLY have any administrative or criminal action, active or pending?

3.  Yes  No WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a misdemeanor in any jurisdiction?

4.  Yes  No Have you EVER pled guilty to, no contest to, entered into a plea in abeyance, or been convicted of a felony in any jurisdiction?

**If you answered "Yes" to questions 1, 2, 3, or 4,** above, upload complete information with respect to all circumstances and the final result, if such has been reached, for each yes answer above.

**If you answered "Yes" to questions regarding any misdemeanors or felonies** in any jurisdiction you must submit the following for EACH and EVERY incident:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▶ personal account of the incident</li> <li>▶ police report(s)</li> </ul> | <ul style="list-style-type: none"> <li>▶ court record(s)</li> <li>▶ probation/parole officer report(s)</li> </ul> |
|--|---|

*If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.*

**Please DISCLOSE the following:**

- charges that were later held in abeyance, diverted, reduced, or dismissed.
- motor vehicle offenses such as driving while impaired or intoxicated.
- if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).

**You do NOT need to disclose:**

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

## PROFESSIONAL LICENSES

Do you currently hold, or have you ever held, a license, certification, or registration to practice any occupation or profession in Utah or any other jurisdiction? . *(Use additional sheets if necessary.)*

**Profession:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Issuing State:** \_\_\_\_\_ **License Status:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

**Profession:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Issuing State:** \_\_\_\_\_ **License Status:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

If you identified a **Massage Therapist** license above, please answer the following:

Yes  No After obtaining the license(s) above, have you engaged in at least one year of experience in the jurisdiction where the license was issued?

**NOTE:** If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.

*\*See the checklist at the end of this application for additional documentation required.*



**CRIMINAL HISTORY DISCLOSURE STATEMENT**

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement> . Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please see our website, [www.dopl.utah.gov/fingerprints.html](http://www.dopl.utah.gov/fingerprints.html), for required information and approved locations to obtain fingerprints.

Completed fingerprint cards can be mailed to:  
**Division of Professional Licensing**  
**P.O. Box 146741**  
**Salt Lake City, UT 84114-6741**

**REVIEW OF YOUR CRIMINAL RECORD:** If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of [Utah Code § 63G-4-301](#) and [Utah Admin. Code R151-4-902](#).



## Verification of Completion of Massage Therapist Education Program

To be submitted by applicants who completed an approved formal education program consisting of not less than 600 hours of training and meeting the education requirements outlined in R156-47b-302. If your program was at least 500 hours but does not meet the requirements of R156-47b-302, and you do not qualify for licensure by endorsement, you must complete this. See the form for additional requirements.

### APPLICANT INFORMATION: (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EDUCATION: (TO BE COMPLETED BY THE OFFICIAL PROGRAM REPRESENTATIVE:.)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Please list the total number of hours of training in each of the following categories:

**Anatomy, Physiology and Kinesiology** (required 125): \_\_\_\_\_

**Pathology** (required 40): \_\_\_\_\_

**Massage Theory**  
(including the 5 Basic Swedish Massage Strokes and hands on instruction; required 285): \_\_\_\_\_

**Professional Standards, Ethics, and Business Practices** (required 35): \_\_\_\_\_

**Sanitation and Universal Precautions** (including CPR and First Aid; required 15): \_\_\_\_\_

**Clinic** (required 100): \_\_\_\_\_

Other, (Please specify below and use additional sheets if necessary): \_\_\_\_\_

Please specify other: \_\_\_\_\_

**TOTAL HOURS OF ALL TRAINING:** \_\_\_\_\_

### ATTESTATION:

By signing below, I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-47b-302.

I further certify that the applicant is qualified and competent to practice as a licensed massage therapist.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of School: \_\_\_\_\_ School License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(School Seal)

**SCHOOL OFFICIAL:** Please affix the school seal to the left, **attach a COPY of your Letter of Accreditation** and place this form in an envelope with the school seal over the envelope flap.

Please provide completed envelope to the applicant to include with their application or send to DOPL from the school by mail or email to [b2@utah.gov](mailto:b2@utah.gov).



## Verification of Completion of a Massage Apprenticeship Program

*To be submitted by applicants who completed an approved apprenticeship program. If you completed an apprenticeship program outside of Utah, and do not qualify for licensure by endorsement, you must complete this form and the Verification of Licensed Practice as a Massage Therapist. See the form for additional requirements.*

### APPLICANT INFORMATION: (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Middle Last  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### APPRENTICESHIP: (TO BE COMPLETED BY APPROVED INSTRUCTOR)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Please list the total number of hours of training in each of the following categories:

- Anatomy, Physiology and Kinesiology (required 125): \_\_\_\_\_
- Pathology (required 40): \_\_\_\_\_
- Massage Theory (required 50): \_\_\_\_\_
- Massage Techniques (including the 5 Basic Swedish Massage Strokes; required 120): \_\_\_\_\_
- Massage Client Services (required 300): \_\_\_\_\_
- Hands on Instruction (required 310): \_\_\_\_\_
- Professional Standards, Ethics, and Business Practices (required 40): \_\_\_\_\_
- Sanitation and Universal Precautions (including CPR and First Aid; required 15): \_\_\_\_\_
- Other, (Please specify below and use additional sheets if necessary): \_\_\_\_\_

Please specify other: \_\_\_\_\_

**TOTAL HOURS OF ALL TRAINING:** \_\_\_\_\_

### ATTESTATION:

By signing below, I certify that the applicant named above has successfully completed an Apprenticeship program of education and training as outlined in R156-47b-302c (5).

I further certify that the applicant is qualified and competent to practice as a licensed massage therapist.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

*Please place this form in an envelope and sign over the envelope flap.*

*Please send the sealed envelope directly to DOPL or provide it to the applicant to include with their application.*



## Verification of Licensed Practice as a Massage Therapist

If self-employed, you may complete the form yourself. Please write "Self-Employed" on the "Relationship to Applicant" line.

To be submitted by applicants who are licensed in another state and applying with equivalent education and training as outlined in R156-47b-302a. Each employer must complete a separate form. You **MUST** include copies of tax forms, paystubs, or other documents to support the dates of practice claimed on the form with your application. See the checklist at the end of this application for additional instructions.

### APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

### EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE EMPLOYER.)

Name of Supervisor: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

How many hours did the applicant work per week? \_\_\_\_\_  Part Time  Full Time

Total number of hours worked: \_\_\_\_\_

Describe the applicant's duties: *(attach additional form if needed)*

Were both you and the applicant working in the same facility where the experience hours were obtained?

Yes  No If not, please explain: \_\_\_\_\_

Is the applicant still employed?  Yes  No If no, is the applicant re-hirable?  Yes  No

If not re-hirable, please explain: \_\_\_\_\_

### ATTESTATION:

By signing below, I certify that the applicant named above was actively engaged in the lawful practice as a Massage Therapist at the above-named establishment for the time listed.

I further certify that the applicant is qualified and competent to practice as a licensed massage therapist.

**I declare under criminal penalty under the law of Utah that this application is true and correct.**

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

*Please place this form in an envelope and sign over the envelope flap and send directly to DOPL or provide to the applicant to include with their application.*





## APPLICATION CHECKLIST AND INSTRUCTIONS

*This checklist is for your convenience; you do not need to include it with your application.*

**NOTE: Incomplete applications will be denied.**

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information, which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

### ALL APPLICANTS

The following items are required to complete your application:

- \$90.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".
- Fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Please see our website, [www.dopl.utah.gov/fingerprints.html](http://www.dopl.utah.gov/fingerprints.html), for required information and approved locations to obtain fingerprints.

### LICENSURE BY APPLICATION

If applying for **licensure by application**, *in addition* to the items required for all applicants, you must submit:

- Official documentation of meeting one of the following educational pathways:
  - Verification of Completion of a Formal Massage Education Program documenting completion of an approved massage therapy program, and supporting documents, if required.
  - Verification of Completion of a Massage Apprentice Program form.
  - If you are a massage therapist, trained in a jurisdiction outside of the United States, submit Documentation of Education and Training approval by a credentialing organization that is a current member of the National Association of Credential Evaluation Services (NACES).
- Official documentation of passing one of the following:
  - Federation of State Massage Therapy Boards (FSMTB) Massage and Bodywork Licensing Examination (MBLEx). **NOTE:** Applications for licensure as a massage therapist who have completed the Utah Apprenticeship must take and pass the FSMTB MBLEx
  - If taken PRIOR to February 1, 2015, and not an apprentice:
    - National Certification Examination for Therapeutic Massage and Body Work (NCETMB)
    - National Certification Examination for Therapeutic Massage (NCETM)
    - National Examination for State Licensure (NESL)

### LICENSURE BY ENDORSEMENT

If applying **licensure by endorsement**, *in addition* to the items required for all applicants, you must submit the following items:

- Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see our website for additional information regarding approved states.

**Note:** If your state is not deemed equivalent for purposes of endorsement or your license is not in good standing, you may be able to use experience gained outside of the state to document the requirements for licensure by application. Please contact the board for additional details.

Submit completed application to the Division:

By US Postal Service:

**Division of Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Division of Professional Licensing  
Heber M Wells Building, 1st Floor  
160 E 300 S  
Salt Lake City, UT 84111**

If you have questions, please contact the Division at 801-530-6628 or by email at [B2@Utah.gov](mailto:B2@Utah.gov).

Department of Commerce • Division of Professional Licensing (DOPL)  
Heber M. Wells Building • 160 East 300 South • P.O. Box 146741 Salt Lake City, UT 84114-6741  
www.dopl.utah.gov • telephone (801) 530-6628 • toll-free in Utah (866) 275-3675 • fax (801) 530-6511