



CANNON BUILDING  
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STATE OF DELAWARE  
DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION

**BOARD OF MASSAGE AND BODYWORK  
APPLICATION FOR TEMPORARY MASSAGE TECHNICIAN CERTIFICATION**

**A temporary massage technician certification shall be valid for a period of no more than 1 year, may not be renewed or reissued, and shall not be eligible for inactive status.**

1. Name \_\_\_\_\_  
Last Name First Name M.I.

2. Mailing Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

3. Day Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

4. Email Address \_\_\_\_\_

5. Social Security Number \_\_\_\_\_

\* Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that the disclosure of your social security number on this application is required by 29 Del. C. §8807(m). It may be used to enforce child support obligation pursuant to 13 Del. C. §2216 and for other lawful purposes.

6. Have you ever held a license or certificate to practice massage and bodywork issued by a state (including Delaware) or other jurisdiction? Yes  No

If "yes", continue with Questions 7 – 8. **If "no", skip Questions 7 – 8.**

7. List all states or other jurisdictions that have granted you a license or certificate. \_\_\_\_\_

**You must arrange for each State Board or other jurisdiction to send a letter of good standing directly to the Board office.**

8. Have you ever had your license or certificate to practice massage therapy suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

9. Enter the following information for the school(s) or approved program(s) in massage and bodywork that you attended.

**The school or program of training must include a curriculum of no less than:**

- **50 hours of anatomy and physiology;**
- **110 hours of technique and theory of massage or bodywork therapy;**
- **25 hours of ethics, law, and contraindications**
- **15 hours of elective courses in the field of massage therapy.**

NAME OF SCHOOL	ADDRESS	DATES ATTENDED	HOURS COMPLETED

**You must arrange for an official transcript to be sent directly from your massage school or approved program to the Board office.**

10. Have you passed a state-certified examination in cardiopulmonary resuscitation (CPR) training; and possess current CPR certification? Yes  No

**Unless you have lower limb amputee status, submit a copy of your current CPR card (front and back) to the Board office.**

11. Have you ever employed or knowingly cooperated in fraud or material deception in order to acquire a license as a massage or bodywork therapist or certification as a massage technician? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

12. Have you ever impersonated another person holding a license or certification, or allowed another person to use the massage or bodywork license or massage technician certification, or aided or abetted a person not licensed as a massage or bodywork therapist or certified as a massage technician to represent that person as a massage or bodywork therapist or massage technician? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes  No  **If yes, submit a certified copy of your criminal history record.**

14. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

15. Do you have any impairment related to drugs or alcohol that would limit your practice of massage and bodywork? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

