



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF MASSAGE AND BODYWORK

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR TEMPORARY MASSAGE TECHNICIAN CERTIFICATION INSTRUCTION SHEET

When to File Application for Temporary Certification

The purpose of the Temporary license is to allow you to practice while you complete the educational requirements for Massage Technician Certification. File an application for Temporary Massage Technician Certification if you

- are at least 18 years old and
- have not completed the [educational requirements](#) for Massage Technician Certification.

The temporary certification is valid for **one year only**. It cannot be renewed, reissued or changed to inactive status.

Requirements for All Applications

- Submit completed, signed and notarized [Application for Temporary Massage Technician Certification](#) form.
 - Follow the instructions on the application carefully so that all needed questions are completed. This includes verification under oath that you have not engaged in any acts or offenses that would be grounds for disciplinary action ([24 Del. C., § 5309 \(a\)\(3\)](#)).
- Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- Enclose a copy of your current CPR certification card (front and back).
 - Online CPR courses are **NOT** accepted.
- Complete the *Criminal History Record Check* form to request state and federal criminal background checks. Follow the instructions on the form to arrange to be fingerprinted.
 - You must meet this requirement *even if* you recently had a criminal background check done for some other reason.
- If you have ever been certified or licensed to practice massage by another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive verification of licensure or certification *directly* from **each** jurisdiction where you are now, *or have ever been*, licensed or certified.
 - This requirement applies regardless of whether you are filing an initial application or by reciprocity.
 - To request verification of certification or licensure, contact the licensing office for each jurisdiction where you have ever been licensed/certified and request a verification letter, which is also called a letter of good standing, to be sent directly to the Delaware Board office. Contact information for other state Boards is listed on the [American Massage Therapy Association website](#). For jurisdictions other than states (such as city, county or Canadian province), request the verification from the agency or organization that issued the certificate or license.
 - Copies of licenses are not acceptable.
- If you have never been issued a United States Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

- Arrange for the Board office to receive an official transcript sent *directly* from your massage school or approved program to the Board office.
 - The transcript must show that you have completed 200 hours of supervised in-class study as a student in a school of massage/bodywork, or as a student in an approved program of massage/bodywork. 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.
 - A transcript received from you, rather than *directly* from your school or program, is considered *unofficial*. If you submit an unofficial copy of the transcript, **no license will be issued until the Board office receives the official transcript from the school or program.**



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APPLICATION FOR TEMPORARY MASSAGE TECHNICIAN CERTIFICATION

IDENTIFYING AND CONTACT INFORMATION

1. Full Name: _____
Last First Middle
2. Other Names Used: None _____
(Include maiden, prior married, alternate spellings)
3. Date of Birth (month/day/year): _____ Gender: Male Female
4. Have you been issued a U.S. Social Security Number? Yes No **If yes, enter your SSN:** _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Mailing Address: _____
Street

City State Zip
6. Phone: _____ Home _____ Work or Cell Email: _____ None

MESSAGE/BODYWORK EDUCATION INFORMATION

7. Enter the following information about the massage/bodywork school(s) or program(s) that you attended.

NAME	ADDRESS	DATES ATTENDED	HOURS COMPLETED	DID YOU GRADUATE?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Arrange for each massage school or program listed above to send an official transcript *directly* to the Board office. The transcript must show that you meet the educational requirements for temporary certification. See Instruction Sheet for information on the educational requirement.

EXAMINATION, CERTIFICATION & LICENSURE INFORMATION

8. Have you passed a state-certified examination in cardiopulmonary resuscitation (CPR) training and hold *current* CPR certification? Yes No
- Submit a copy of your current CPR card (front and back) to the Board office.**

9. Do you now hold, or have you ever held, a license or certificate to practice massage and bodywork issued by any other jurisdiction? Yes No **If yes, complete the following about each license/certificate:**

JURISDICTION	LICENSE NUMBER	IS THIS LICENSE CURRENT?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Arrange for the Board office to receive verification of licensure or certification directly from each jurisdiction in which you are now, or have ever been, licensed or certified.

EXPERIENCE INFORMATION

10. Enter the following information about your massage/bodywork employment experience. If you need more space, enclose a separate sheet with the application.

BUSINESS NAME WHERE PRACTICED	ADDRESS	EMPLOYMENT DATES

DISCLOSURES

11. 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, including any offense for which you have received a pardon? Yes No **If yes, explain:** _____

Complete the *Criminal History Record Check* form to request state and federal criminal background checks. Follow the instructions on the form to arrange to be fingerprinted.

12. Are criminal charges pending against you in any jurisdiction? Yes No **If yes, enclose a statement explaining fully. Include copies of all appropriate records.**
13. 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, enclose a statement explaining fully. Include copies of all appropriate records.**
14. 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, enclose a statement explaining fully. Include copies of all appropriate records.**
15. 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, enclose a statement explaining fully. Include copies of all appropriate records.**
16. Are any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you have previously been or are currently licensed or registered? Yes No **If yes, enclose a statement explaining fully. Include copies of all appropriate records.**
17. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)?
Yes No **If yes, enclose a statement explaining fully. Include copies of all appropriate records.**

18. Do you have any impairment related to drugs or alcohol that would limit your practice of massage and bodywork?
Yes No **If yes, enclose a statement explaining fully. Include copies of all appropriate records.**

To ensure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing will be considered abandoned and discarded. When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

The undersigned applicant for Massage Technician certification, being sworn, deposes and says that the information contained in this application is true and correct, and that he or she understands that the intentional inclusion of false or fraudulent information or the material omission of information may result in the denial of licensure and will be reported to the Attorney General for further action.

Signature of Applicant: _____ **Date:** _____

County or City of _____ State of _____

Sworn to before me and subscribed in my presence this _____ of _____, 20_____

Notary Public Signature: _____

SEAL

Date Commission Expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.
⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**



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AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name

First Name

Middle Initial

Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.