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 MASSAGE THERAPIST LICENSURE
INSTRUCTION SHEET

You must be at least 18 years old to apply for Delaware licensure as a Massage Therapist.

Note: If you previously applied for a Delaware certification as a Massage Technician, it is not necessary to re-submit documents already in possession of the Board office. If you believe that the Board office has any of the documentation required below, contact the office to confirm.

Requirements for *All* Applications

☐ Submit completed, signed and notarized *Application for Massage Therapist Licensure* 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.*, § 5308 (a)(4)).

☐ Enclose non-refundable processing fee by check or money order made payable to "State of Delaware."
- If you hold an ***active*** Delaware Massage Technician certification, submit the upgrade processing fee. However, if you have never held an active Delaware Massage Technician certification or if your certification is no longer active, submit the Massage Therapist processing fee.

☐ Complete the *Criminal History Record Check* form to request State of Delaware and Federal Bureau of Investigation 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.

☐ Arrange for an official score report to be sent **directly** from either the Federation of State Massage Therapy Boards (FSMTB) or the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) to the Board office.
- A score report received from you, rather than directly from FSMTB or NCBTMB, is considered unofficial. If you submit an unofficial copy of the score report, **no license will be issued until the Board office receives the official score report from FSMTB or NCBTMB.**
- To request NCBTMB exam scores, login to your Career Management System profile on www.ncbtmb.org. The Score Report Request form is available on your profile.
- For information on FSMTB's MBLEx exam, see www.fsmtb.org.

☐ Enclose a copy of your current CPR certification card (front and back).
- Online CPR courses are **NOT** accepted.

☐ If you are 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.

Additional Requirement for Initial Applications

You are considered to be filing an "initial application" if you are:

- **not** licensed or certified by any other jurisdiction, **or**
- licensed or certified by another jurisdiction but have **not** practiced continuously in that jurisdiction for *at least two years* before applying in Delaware.

If you are filing an initial application, the following is required in addition to the requirements in the **Requirements for All Applicants** section above.

☐ 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 500 hours of supervised in-class study as a student in a school which trains massage or bodywork therapists, or as a student in an approved program of massage or bodywork therapy. The school or program of training must include a curriculum of no less than:
  - 100 hours of anatomy and physiology
  - 300 hours of technique and theory of massage or bodywork therapy
  - 75 hours of elective courses in the field of massage therapy
  - 25 hours of ethics, law and contraindications.
- 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 MASSAGE THERAPIST LICENSURE

TYPE OF APPLICATION

1. Select the item that describes your situation (check one):

   ☐ Reciprocity – I am ***currently*** licensed in another jurisdiction where I have practiced ***continuously*** for at least two years.

   ☐ Upgrade – I hold an ***active*** Delaware Massage Technician certification and I am applying to upgrade to Massage Therapist licensure.

   ☐ Reapplication – My Delaware Massage Therapist license has expired and I am reapplying.

   ☐ Initial – None of the choices above apply to me.

IDENTIFYING AND CONTACT INFORMATION – *All* applicants complete this section.

2. Full Name: _____ _____ _____
   Last First Middle

3. Other Names Used: _____ _____ _____
   (Include maiden, prior married, alternate spellings)

4. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐

5. 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*.

6. Mailing Address: _____
   Street

   _____ _____ _____
   City State Zip

7. Phone: _____ _____ Email: _____
   Home Work or Cell

8. 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 ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

If you checked *Initial* or *Reapplication* in Question 1, 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. See Instruction Sheet for information on the educational requirement.

EXAMINATION, CERTIFICATION & LICENSURE INFORMATION – *All* applicants complete this section.

9. Have you taken and passed either the MBLEx exam through the Federation of State Massage Therapy Boards (FSMTB) or the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) examination? Yes ☐ No ☐ If so, specify the exam taken: MBLEx ☐ NCBTMB ☐

   Arrange for either FSMTB or NCMTMB to send an official score report *directly* to the Board office.

10. 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.

11. 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 ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐

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

EXPERIENCE INFORMATION – Complete this section only if you checked *Reciprocity* in Question 1.

12. 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 – *All* applicants complete this section.

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, 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 of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the form to arrange to be fingerprinted.

14. Are criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, enclose a statement explaining fully. Include copies of all appropriate records.**

15. 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.**

16. 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.**

17. 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.**

18. 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.**

19. 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.**

20. 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.**

If Board review is required, the Board office must receive all of these items <u>no later than</u> 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 <u>complete</u> within one year of filing will be considered abandoned and will be discarded appropriately.

AFFIDAVIT

The undersigned applicant for Massage Therapist Licensure, 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.

Locations

Kent County – Primary Facility
State Bureau of Identification
Blue Hen Mall & Corporate Center
655 Bay Rd. Suite 1B
Dover, DE 19901
Walk-ins accepted: Mon 9 am – 7 pm, Tue - Fri 9 am – 3 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
Delaware State Police Troop Four
South DuPont Hwy & Shortley Rd.
Georgetown DE 19947
(Across from DelDOT & the State Service Ctr.)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants Residing 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 $69, 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 Federal Bureau of Investigation website at www.fbi.gov – click *Stats & Services*, then *Identity History Summary Checks*, then *FD-258 Fingerprint Card*. 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 $69.00 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:

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

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.

Revised 12/2014