

Application for

Massage Therapist

For office use only

Photo 2 x 2

*Fee: \$75	□ New	☐ Renewal	☐ 2x2 Photo included	

LICENSE APPLICANT INFORMATION:

First Name	Last Name		Middle Name		Gender		Date of Birth	
Aliases	Maiden Name		Social Security #			Driver's License #		ense#
Address (last 5 years)		City		State	Zip	Code		Country
Email		Home Phone			Cell Ph	none		

BUSINESS, OCCUPATION OR EMPLOYMENT INFORMATION

Provide the following for the applicant for five years immediately preceding the date of application.

⁺ = And/or other massage therapy practitioners with whom the applicant was employed, affiliated or shared office space

Employer	Dates	Address, City, St, Zip	Position or Nature of Duties
Massage related? Y/N	Supervisor	Phone number	+ Names of massage therapists you worked with
Employer	Dates	Address, City, St, Zip	Position or Nature of Duties
Massage related? Y/N	Supervisor	Phone number	*Names of massage therapists you worked with
Employer	Dates	Address, City, St, Zip	Position or Nature of Duties
Massage related? Y/N	Supervisor	Phone number	* Names of massage therapists you worked with

^{*} If submitting both this application and an application for a Massage Therapy Business License, the \$75 fee for this Therapist License Application is waived.

BUSINESS, OCCUPATION OR EMPLOYMENT INFORMATION – continued...

Employer	Dates	Address, City, St, Zip	Position or Nature of Duties
Massage related? Y/N	Supervisor	Phone number	* Names of massage therapists you worked with
Employer	Dates	Address, City, St, Zip	Position or Nature of Duties
Massage related? Y/N	Supervisor	Phone number	* Names of massage therapists you worked with

BAC	CKGROUND QUALIFICATIONS – If the answer to any question is yes, provide	explanation c	n separate
pag	e and attach to your application	Yes	No
1)	Is the applicant a citizen or lawful resident of the United States?		
2)	Is the applicant at least 18 years of age?		
3)	Has any person listed previously on this application been convicted of, or on diversion or deferred judgement for any felony or any crime of moral turpitude within the five years immediately preceding the date of the application? If yes, then please state the nature of violation or offense, name and location of the court, each case number and date of the conviction or diversion		
4)	Is any person listed previously on this application currently under indictment, charge or information for any felony or any crime of moral turpitude?		
5)	Is any person listed previously on this application a registered sex offender with any federal, state or local government?		
6)	Has the applicant been issued any similar license or permit allowing the practice of massage therapy within the past five years? If so, please provide type of license, issuing agency or jurisdiction, address and phone number of issuing agency or jurisdiction and time period covered by license:		
Hav	ve any of the previous licenses been revoked or suspended? Please explain:		

7) Has the applicant been refused or denied any similar license or permit allowing the practice of massage therapy within the past five years?	Yes	No
If so, please provide the date of denial, agency or jurisdiction, address and phone n jurisdiction, and reason for such denial or refusal:	number of age	ncy or
8) Please list all the names of the businesses, their locations and contact numbers practicing massage therapy in the City of Derby.	at which you	will be
MASSAGE PRACTITIONER DOCUMENT REQUIREMENTS		
Applicant must provide one recent 2 x 2 photograph for their required photo ID car education, training and experience for <u>one of the following</u> by providing copies of of completion certificates.		
1) Proof the applicant has sat for and passed the Massage and Bodywork Licensure	e exam (MBLE	≣x)
Proof the applicant has sat for and passed the National Certificate of Therapeutic exam (NCTMB) prior to February 1, 2015.	c Massage and	d Bodywork
 An official transcript showing the applicant has successfully completed a minimur instructor-taught classroom hours within a recognized massage therapist school. 		red (500)
4) Proof of one hundred fifty (150) hours of education from an accredited institution, hours of continuing education units in the last five years, plus membership in a na massage therapy association.	=	
I hereby swear under oath that I have read and am familiar with Ordinance 2290 of the requirements and regulations thereof as they pertain to my license, and I will co during the term of my license. Further, under penalty of perjury, I certify that all infor accurate to the best of my knowledge.	mply with suc	h regulations
Signature of Applicant Date		
"Crimes involving moral turpitude" includes charges of sale of sexual relations, prostitution, be patronizing a prostitute, human trafficking, promoting prostitution, aggravated human traffick immoral purposes, public nudity, lewd and lascivious behavior, sexual battery, loitering for the	king, sodomy, so	oliciting for

"Crimes involving moral turpitude" includes charges of sale of sexual relations, prostitution, buying sexual relations, patronizing a prostitute, human trafficking, promoting prostitution, aggravated human trafficking, sodomy, soliciting for immoral purposes, public nudity, lewd and lascivious behavior, sexual battery, loitering for the purposes of solicitation, commercial sexual exploitation of a minor, indecent liberties with a child, incest, adultery, bigamy, promoting obscenity, promoting obscenity to minors, displaying material harmful to minors, any crime set forth in Article 55 of Chapter 21 of the Kansas Statutes Annotated, possession, sale or distribution of any illegal drug or controlled substance or any other offenses similar to those listed herein that are contrary to the laws of any city, state or of the United States.