

APPLICATION INSTRUCTIONS

NOTE: ON OR AFTER JULY 1, 2013, IT IS UNLAWFUL TO PRACTICE MASSAGE THERAPY WITHOUT A VALID STATE LICENSE.

- All applications must be complete. Incomplete applications will not be processed or reviewed by the Board.
- The application fees are **not refundable** and will be applied to the action requested through this application only. Send your application and fees to the address listed above with a check or money order made out to IBOL. Applications with credit cards and exact cash can be taken in person at the Bureau's Office. All returned checks are subject to a \$20 fee.
- Qualifying education and training will be based entirely on completeness and accuracy of information in this application. Supplemental sheets may be attached if necessary with further details regarding your education and training.

\$50 application fee
\$75 initial license fee
Total: \$125

All practicing massage therapists must qualify for and be licensed by July 1, 2013 by one of the following three methods:

1. Examination Applicants: This method is for those who are new licensees and/or those who meet the following criteria:

Idaho Code §54-4009. A person shall be eligible to be licensed as a massage therapist if the person provides the following:

The completed and notarized examination application with the appropriate fees attached;

Proof of a high school diploma or equivalent;

Proof of being eighteen (18) years of age or older (Please attach a copy of birth certificate, passport, military ID, or valid driver's license. If the name on your application does not match the proof of age document, please provide proof of the name change as well);

Proof of successfully completing a massage therapy program registered pursuant to chapter 24, title 33, Idaho Code, or a comparable authority in another state that consists of the minimum of five hundred (500) in-class supervised hours of coursework and clinic work; and

Proof of successfully passing a nationally recognized competency examination in massage therapy that is approved by the Board. The passage of this exam may have occurred prior to July 1, 2012. If you have questions about the exam or which exams are approved, please see the Board Rules on the website.

OR

2. Endorsement Applicants: This method is for those who have been licensed in another state with requirements substantially similar to Idaho's.

Idaho Code §54-4010. A person shall be eligible to be licensed as a massage therapist if the person provides the following:

The completed and notarized endorsement application with the appropriate fees attached;

Proof of being eighteen (18) years of age or older (Please attach a copy of birth certificate, passport, military ID, or valid driver's license. If the name on your application does not match the proof of age document, please provide proof of the name change as well);

Proof of being licensed or certified and in good standing in another state with substantially equivalent requirements to those in Idaho.

OR

3. Grandfather Applicants: Licensure by grandfathering will not be available after July 1, 2014.

Idaho Code §54-4012 provides that a person shall be eligible to be licensed as a massage therapist if the person applies under this provision prior to July 1, 2014. The applicant must submit:

___ The completed and notarized grandfather application with the appropriate fees attached;

___ Proof of being eighteen (18) years of age or older (Please attach a copy of birth certificate, passport, military ID, or valid driver's license. If the name on your application does not match the proof of age document, please provide proof of the name change as well);

AND proof of meeting one of the following:

Please mark the requirement under which you are applying (mark only one): Note: For items 1-3, the Board will consider grandfathering applications on a case by case basis. It may recognize continuing education, seminars, and other direct training toward meeting the hours required. Please include all information you feel the Board should consider during its review of your application.

1. ___ Completed a minimum of five hundred (500) hours of supervised classroom and hands-on instruction relating to massage therapy? (This office must receive official transcripts directly from the program before your application will be processed. You may also provide any additional documentation to support the instruction); or
2. ___ Completed at least three hundred (300) hours of formal training in massage therapy as determined by the Board and has practiced massage therapy for at least five (5) hours per week on average for at least three (3) years prior to the date of application? (This office must receive official transcripts directly from the program before your application will be processed. You may also provide any additional documentation to support the instruction. Please fill out and submit the work experience information on page 2); or
3. ___ Completed at least two hundred (200) hours of formal training in massage therapy as determined by the Board and has practiced massage therapy for at least five (5) hours per week on average for at least five (5) years prior to the date of application. (This office must receive official transcripts directly from the program before your application will be processed. You may also provide any additional documentation to support the instruction. Please fill out and submit the work experience information on page 2); or
4. ___ Provide proof of active membership in good standing as a massage therapist for a period of at least twelve (12) months of a national professional massage association/organization that offers professional liability insurance (This office must receive a written verification directly from the association/organization that includes the dates of membership); or
5. ___ Provide proof of having passed an examination meeting the requirements of section 54-4009(5), Idaho Code. The passage of this examination may have occurred before July 1, 2012. (This office must receive official scores directly from the examining entity before the application will be processed.) If you have questions about the exam or which exams are approved, please see the Board Rules on the website.

Additional information may be obtained on the web at www.ibol.idaho.gov. Address e-mails to mas@ibol.idaho.gov

IDAHO STATE BOARD OF MASSAGE THERAPY
Idaho Bureau of Occupational Licenses
700 West State Street, PO Box 83720
Boise, Idaho 83720-0063
Phone: 208-334-3233; Fax: 208-334-3945
E-mail: mas@ibol.idaho.gov; Web: www.ibol.idaho.gov

GRANDFATHER APPLICATION

Please complete this form by providing the requested information. Your signature must be notarized and the \$125 total fee must be attached. Submit the completed form to the address noted above. All requested information must be provided and all questions must be answered for the application to be considered.

I hereby make application for a license to practice as a Massage Therapist under the provisions of title 54, chapter 40, Idaho Code:

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Address of Record**
(The above address is public record) Street/PO Box _____ City _____ State _____ Zip _____

3. **Mailing Address**
(The above address is not public record) Street/PO Box _____ City _____ State _____ Zip _____

4. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
mm dd yyyy
(Proof of age in the form of a copy of birth certificate, passport, military ID, or valid driver's license must be attached.)

5. **Business phone** (____) _____ **Cell** (____) _____ **E-mail** _____
(This number is public record)

6. **Please list any other states, territories or localities where you have held a Massage Therapy license or certification in the past 10 years and indicate whether or not the license is current.**

(Verification of licensure sent directly from the state(s)/locality where the license is held must be submitted as part of the application process.)

7. **Have you ever had any license or other authority to practice disciplined or otherwise sanctioned?** Yes No
(If Yes, a copy of the charges and the final order must be attached and received by the Board before your application will be processed.)

8. **Have you ever been denied registration or licensure by any state, district or regulatory body?** Yes No
(If Yes, please explain what occurred and provide any documents relevant to the denial.)

9. **Have you ever had a conviction, finding of guilt, withheld judgment, or suspended sentence for a felony or crime involving moral turpitude, or any crime under any municipal, state, or federal narcotic or controlled substance law, or been subject to discipline in another state, territory or country (see Idaho Code §54-4013(3) and Rule 306)?** Yes No

(If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached and received by the Board before your application will be processed.)

Please mark the requirement under which you are applying (mark only one): Note: For items 1-3, the Board will consider grandfathering applications on a case by case basis. It may recognize continuing education, seminars, and other direct training toward meeting the hours required. Please include all information you feel the Board should consider during its review of your application.

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WORK EXPERIENCE: Please list all work experience. Include employer names, addresses, phone numbers and dates of practice.

BUSINESS NAME _____ **EMPLOYER'S NAME** _____

ADDRESS of BUSINESS _____ **PHONE NO.** _____
Street Address, City, State, Zip Code

DATES of PRACTICE _____ **TO** _____
mm/dd/yyyy mm/dd/yyyy

APPROXIMATE HOURS PER WEEK _____

BUSINESS NAME _____ **EMPLOYER'S NAME** _____

ADDRESS of BUSINESS _____ **PHONE NO.** _____
Street Address, City, State, Zip Code

DATES of PRACTICE _____ **TO** _____
mm/dd/yyyy mm/dd/yyyy

APPROXIMATE HOURS PER WEEK _____

BUSINESS NAME _____ **EMPLOYER'S NAME** _____

ADDRESS of BUSINESS _____ **PHONE NO.** _____
Street Address, City, State, Zip Code

DATES of PRACTICE _____ **TO** _____
mm/dd/yyyy mm/dd/yyyy

APPROXIMATE HOURS PER WEEK _____

If more space is needed, please attach a separate sheet of paper

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of applicant

This box is for notary use only. All applications must be signed and notarized to be complete.

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
My commission expires _____