

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

Massage Therapist

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

**Driver License
or State ID Card**

State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ Date _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?
2. Yes No Do you CURRENTLY have **any criminal action active or pending**?
3. Yes No WITHIN THE PAST 10 YEARS, have you pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?
4. Yes No Have you EVER pled **guilty** to, **no contest** to, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- personal account of the incident
- court record(s)
- police report(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

NOTE:

- **DISCLOSE** charges that were later held in abeyance, diverted, reduced, or dismissed.
- **DISCLOSE** motor vehicle offenses such as driving while impaired or intoxicated. But you do not need to disclose minor traffic offenses such as parking or speeding violations.
- You **do not need to report** Juvenile Court adjudications; however, you do need to report convictions as a minor tried outside of Juvenile Court.
- **DISCLOSE** if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).
- You do **not need to disclose** legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

List all other licenses, registrations or certification issued by any state which you now hold or have ever held in any profession. (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

If you identified a Massage Therapy licenses above, please answer the following:

- Yes No After obtaining the license(s) above, have you engaged in at least one year of experience in the state, district, or territory of the United States where the license was issued?

Note: If you answer yes to the question above, please see the checklist at the end of this application or our [website](#) for instructions on applying for licensure by endorsement.

CRIMINAL HISTORY DISCLOSURE STATEMENT

Fingerprints submitted with this application are used to complete a search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Prior to submitting fingerprints, you must read and acknowledge, by signing the affidavit below, the Privacy Act Statement found at: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>. Physical copies of this statement may also be obtained upon request from the Division.

The criminal record information obtained by this search will be used by Division staff to evaluate your ability to obtain licensure in Utah. You may challenge or review your criminal record. For additional information regarding the challenge or review process, please see below.

By signing below, you acknowledge receipt of this information and consent to the background check process described above.

Signature: _____ **Date:** _____

Printed Name: _____

Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

REVIEW OF YOUR CRIMINAL RECORD: If you wish to review or challenge the accuracy of the information in your FBI record, you should contact the agency that contributed the information in question. You may also direct the challenge to the FBI. Please see their website at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. You may also contact them via mail at: FBI: CJIS Division, Attn. Criminal History Analysis Team 1, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the respective agency.

If you wish to review or challenge the accuracy of the information in your BCI record, you must complete the required "Record Challenge Form", available at: <https://bci.utah.gov/criminal-records/criminal-records-forms/>, and submit it directly to BCI.

Agency review of a licensing decision based on your criminal record may be obtained by filing a written request for agency review with the Executive Director of the Department of Commerce within thirty (30) days after notification of the decision. Any such request must comply with the requirements of Utah Code § 63G-4-301 and Utah Admin. Code R151-4-902.

Verification of Completion of Formal Massage Education Program

To be submitted by applicants who completed an approved formal education program. The form must document not less than 600 hours of training meeting the education requirements outlined in R156-47b-302. If you completed a program that is at least 500 hours but does not meet the requirements of R156-47b-302, and you do not qualify for licensure by endorsement, you must complete this form and the Verification of Licensed Practice as a Massage Therapist documenting 3 years of work experience. See the form for additional requirements.

APPLICANT INFORMATION

To be completed by the applicant:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EDUCATION

To be completed by the Official Program Representative:

Start Date: _____ **End Date:** _____
MM/DD/YYYY MM/DD/YYYY

Please list the total number of hours of training in each of the following categories:

Anatomy, Physiology and Kinesiology (required 125): _____

Pathology (required 40): _____

Massage Theory (including the 5 Basic Swedish Massage Strokes and hands on instruction; required 285): _____

Professional Standards, Ethics, and Business Practices (required 35): _____

Sanitation and Universal Precautions (including CPR and First Aid; required 15): _____

Clinic (required 100): _____

Other, Please specify (Use additional sheets if necessary): _____

Total Hours of All Training: _____

By signing below, I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-47b-302 or 302a.

I further certify that the applicant is qualified and competent to practice as a licensed massage therapist.

Signature: _____

Printed Name: _____ **Date:** _____

Name of School: _____ **School License Number:** _____

Address: _____
Street/PO Box City State/Zip

(Seal)

Please affix the school seal to the left, **attach a COPY of your Letter of Accreditation** and place this form in an envelope with the school seal over the envelope flap.

Please send the sealed envelope directly to DOPL or provide it to the applicant to include in their application.

Verification of Completion of a Massage Apprentice Program

To be submitted by applicants who completed an approved apprentice program. If you completed an apprentice program outside of Utah, and do not qualify for licensure by endorsement, you must complete this form and the Verification of Licensed Practice as a Massage Therapist documenting 3 years of work experience. See the form for additional requirements.

APPLICANT INFORMATION

To be completed by the applicant:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EDUCATION

To be completed by the Instructor:

Start Date: _____ **End Date:** _____
MM/DD/YYYY MM/DD/YYYY

Please list the total number of hours of training in each of the following categories:

Anatomy, Physiology and Kinesiology (required 125): _____

Pathology (required 40): _____

Massage Theory (required 50): _____

Massage Techniques (including the 5 Basic Swedish Massage Strokes; required 120): _____

Massage Client Service (required 300): _____

Hands on Instruction (required 310): _____

Professional Standards, Ethics and Business Practices (required 40): _____

Sanitation and Universal Precautions (including CPR and First Aid; required 15): _____

Other, Please specify (Use additional sheets if necessary): _____

Total Hours of All Training: _____

By signing below, I certify that the applicant named above has successfully completed a program of education and training as outlined in R156-47b-302c (5).

I further certify that the applicant is qualified and competent to practice as a licensed massage therapist.

Signature: _____ **Date:** _____

Name: _____ **License Number:** _____

Address: _____
Street/PO Box City State/Zip

Please place this form in an envelope and sign over the envelope flap.

Please send the sealed envelope directly to DOPL or provide it to the applicant to include in their application.

Verification of Licensed Practice as a Massage Therapist

To be submitted by applicants who are licensed in another state and applying with equivalent education and training as outlined in R156-47b-302a. Each employer must complete a separate form. You must include copies of tax forms, paystubs, or other documents to support the dates of practice claimed on the form with your application. See the checklist at the end of this application for additional instructions.

APPLICANT INFORMATION

To be completed by the applicant:

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

LICENSED PRACTICE

To be completed by the employer*:

Name of Supervisor: _____ **License Number:** _____

Name of Facility: _____

Facility Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ **Email:** _____

Dates of Supervision: _____ to _____
MM/DD/YYYY MM/DD/YYYY

How many hours per week did the applicant work? _____ Part time Full Time

Total number of hours worked: _____

Describe the duties and responsibilities of the applicant: _____

Were both you and the applicant working in the same employment setting where the experience hours were obtained?

Yes No, please explain: _____

Is the applicant currently employed with the facility? Yes No

If no, is the applicant re-hirable? Yes No, Please explain: _____

By signing below, I certify that the applicant named above was actively engaged in the lawful practice as a Massage Therapist at the above named establishment for the time listed.

I further certify that the applicant is qualified and competent to practice as a licensed massage therapist.

Signature: _____ **Date:** _____

Printed Name: _____ **Relationship to Applicant*:** _____

Please place this form in an envelope and sign over the envelope flap and send directly to DOPL or provide to the applicant to include in their application.

*If self-employed, you may complete the form yourself. Please write "Self-Employed" on the "Relationship to Applicant" line.

APPLICATION CHECKLIST AND INSTRUCTION

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Your application will only be held in an incomplete status for 30 days. If you will not have all items submitted to DOPL within 30 days, your application will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

ALL APPLICANTS

The following items are required to complete your application:

- \$90.00 non-refundable application-processing fee, made payable to "DOPL".
- Supporting documentation for any "yes" answers provided on the "Qualifying Questionnaire".
- Fingerprints to be used by DOPL for a fingerprint search through the files of the Utah Bureau of Criminal Identification (BCI) and the Federal Bureau of Investigations (FBI). Please see our website, www.dopl.utah.gov/fingerprints.html, for required information and approved locations to obtain fingerprints.

LICENSURE BY APPLICATION

If applying for **licensure by application**, *in addition* to the items required for all applicants, you must submit:

- Official documentation of meeting one of the following educational pathways:
 - Verification of Completion of a Formal Massage Education Program documenting completion of an approved massage therapy program, and supporting documents, if required.
 - Verification of Completion of a Massage Apprenticeship Program form and supporting documents, if required.
 - If you are a foreign trained massage therapist:
 - Documentation of Foreign Education and Training approval by: (A) Josef Silny & Associates, Inc.; (B) International Education Consultants; or (C) Educational Credential Evaluators, Inc.; **AND**
 - Verification of Licensed Practice as a Massage Therapist documenting 3 years of work experience and required supporting documents (see instructions at top of form).
- Official documentation of passing one of the following:
 - Federation of State Massage Therapy Boards (FSMTB) Massage and Bodywork Licensing Examination (MBLEx). **NOTE:** Applications for licensure as a massage therapist who have completed the Utah Apprenticeship must take and pass the FSMTB MBLEx
 - If taken PRIOR to February 1, 2015, and not an apprentice:
 - National Certification Examination for Therapeutic Massage and Body Work (NCETMB)
 - National Certification Examination for Therapeutic Massage (NCETM)
 - National Examination for State Licensure (NESL)

LICENSURE BY ENDORSEMENT

If applying **licensure by endorsement**, *in addition* to the items required for all applicants, you must submit the following items:

- Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah. Please see our website for additional information regarding approved states.

Note: If your state is not deemed equivalent for purposes of endorsement or your license is not in good standing, you may be able to use experience gained outside of the state to document the requirements for licensure by application. Please contact the board for additional details.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741