Massage Therapist License Application Packet

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Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. 42 U.S.C. § 666(a)(13); RCW 26.23.150. It will be used under the state's child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the Declaration of No Social Security Number Form. Please call the Customer Service Center at 360-236-4700 if you have questions.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Board of Massage Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the correct required forms.

- ☐ **Application Fee**. This fee is **non-refundable**. You can check the online fee page for current fees.
- ☐ **Select One**: Examination or Transfer
- ☐ **Select if the following applies:**
  Spouse or Registered Domestic Partner of Military Personnel
- ☐ **1. Demographic Information:**
  Social Security Number: You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the Declaration of No Social Security Number Form. Please call the Customer Service Center at 360-236-4700 if you do not have one.

  National Provider Identifier Number (NPI): The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

  Legal Name: List your full name: first, middle, and last.

  Definition of legal name: "Legal name" is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

  Birth date: Provide the month, day, and year of your birth.

  Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with Department of Health until we have been notified of a change. See WAC 246-12-310.

  Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

  Email: Enter your email address, if you have one.

  Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See WAC 246-12-300.

☐ **2. Personal Data Questions:**
All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.
- Another jurisdiction means any other country, state, federal territory, or military authority.

☐ **3. Other License, Certification or Registration:**
List all states, including Washington, where credentials are or were held. Attach additional completed pages if you need more space. You must also print the Verification Form and provide it to each state or jurisdiction that you have listed, requesting that they complete and submit the form directly to the Department of Health.

☐ **4. Professional Education:**
List in date order, most recent to later, your educational preparation and post-graduate training. Attach additional completed pages if you need more space.

☐ **5. Professional Experience:**
List in date order, most recent to later, all professional experience and practice from date of graduation from professional college. Attach additional pages if you need more space.

☐ **6. Examination Data:**
If you have taken the FSMTB or the NCBTMB examination, you are considered to have met the examination requirement. You must get written verification for the examination taken, sent directly to the department.

☐ **8. Applicant’s Attestation:**
You must sign and date this for us to process the application.

Additional Information:

Criminal history checks are conducted for all massage license applicants. If you answered yes to any of the personal data questions, please submit the appropriate supporting documentation as indicated on the application.

- The initial license will expire on your birthday unless the license is issued within 90 days of your next birthday. See WAC 246-12-020(3).
- You will receive a courtesy renewal notice if your license and address are kept up to date. Any renewal postmarked or given to the department after midnight on the expiration date is late.

Note: You cannot practice massage until your license is issued.

For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:

Under state law, if you are the spouse or state-registered domestic partner of a servicemember of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse's or registered domestic partner's military transfer orders to Washington State.
- One of the following:
  - A copy of your marriage certificate to show proof of marriage; or
  - A copy of a state's declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

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License Requirements

To avoid a delay in licensure, take the time to read and thoroughly complete the application.

All applicants must submit the following:

- ☐ Completed application and fee
- ☐ Complete the Washington State Jurisprudence Examination
- ☐ Verification of all credentials that you hold or have previously held.
  - You will need to submit a request for verification to all U.S. and foreign boards and jurisdictions where you have held a professional license.
    Note: We will not accept a copy of your license.
- ☐ Official examination score report from the National Certification Board for Therapeutic Massage and Body Work (NCBTMB) or Federation of State Massage Therapy Boards (FSMTB) must be submitted directly to the Department of Health.
- ☐ CPR and First Aid Card
  - Submit a photocopy, front and back, of your current Red Cross/First Aid Card and American Heart Association CPR card (or equivalent showing the expiration dates)
  - For your initial application, the CPR course must be in person. However, if you are applying to renew your credential, then a CPR hybrid course is acceptable.

If you completed a Washington State Board Approved Program, you must also submit:

- A Board of Massage School Completion Form sent directly to the department from your approved program. The form needs to be stamped and signed by the registrar or authorized representative of the board approved massage or apprenticeship program.

If you did not complete a Washington State Board Approved Program, but hold an active massage license in another state or foreign jurisdiction:

If you did not complete a Washington State Board Approved Program but you hold an active massage license in another state or foreign jurisdiction, you may be eligible for licensure by endorsement. Please read carefully to determine if you meet the qualifications for licensure by endorsement and what documentation you must submit.

Be aware of the following:

- Licensure by endorsement is based on the state's education requirements for initial licensure; not the number of hours in the program that the applicant completed.
- The board does not have authority to review individual programs.
- You must know the minimum number of hours required for initial licensure in the state where you hold an active massage license. If you do not know this information, you will need to contact the state where you hold the active massage license.

Licensure by endorsement qualifications:

A massage therapist applicant holding an active license in good standing in another state or foreign jurisdiction may be granted a Washington license, if, in the opinion of the board, the other state's or foreign jurisdiction's examination and educational requirements are substantially equivalent to Washington's. (WAC 246-830-035)

Substantial equivalency means a course of study at a massage school or massage program that requires one of the following:

- A minimum of six hundred twenty-five hours of education and training, to be completed in no fewer than twenty-four weeks and approved by the equivalent licensing agency or agencies in the state, territory, or foreign jurisdiction in which it is located at the time of applicant's graduation;

OR

- A minimum of five hundred hours of education and training, approved by the equivalent licensing agency or agencies in the state, territory, or foreign jurisdiction in which it is located at the time of applicant's graduation, at least two years of experience, and documentation of at least twenty-four hours of continuing education within two years prior to making application.

Pathways for licensure by endorsement. Please read the following to determine which category you fall under.

1. If you are an applicant licensed in a state that requires a minimum of 625 hours you must submit the following:

☐ Official transcripts sent directly to the department from your educational institution. If the educational institution has closed, official transcripts will also be accepted from the entity that maintains transcripts from closed schools.

☐ Education Endorsement Form which must be sent directly to the department from your education program. This form can be provided with your official transcripts.

☐ Out-of-state license verification of an active massage therapy license in good standing in another state or jurisdiction.

2. If you are an applicant licensed in a state that requires less than 625 hours for initial licensure AND you have at least two years of experience you must submit the following:

☐ Official transcripts sent directly to the department from your educational institution. If the educational institution has closed, official transcripts will also be accepted from the entity that maintains transcripts from closed schools.

☐ Education Endorsement Form which must be sent directly to the department from your education program. This form can be provided with your official transcripts.

☐ Out-of-state license verification of an active massage therapy license in good standing in another state or jurisdiction.

☐ Indication of at least two years of experience under Section 5 of the application.

☐ Proof of 24 hours of continuing education completed within two years prior to submitting your application for licensure.

3. If you are an applicant licensed in a state that requires less than 625 hours for initial licensure AND you do not have two years of experience you do not qualify for licensure by endorsement.

If an applicant does not meet the requirements for licensure by endorsement, then the applicant may fulfill the remaining education and training requirements as outlined in WAC 246-830-037.

If you completed a Washington State Board Approved Transfer Program you must also submit:

- ☐ Official transcripts sent directly to the department from your unapproved program.
- ☐ A Board of Massage School Completion Form sent directly to the department from your approved program. The form needs to be stamped and signed by the registrar or authorized representative of the board approved massage or apprenticeship program.

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Washington State Department of HEALTH

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Revenue 024201000

Massage Therapist License Application

Please print clearly. It is the responsibility of the applicant to submit all required supporting documentation. Follow all instructions provided. Failure to do so may result in a delay in processing your application.

Please select one of the following:

☐ Examination ☐ Transfer ☐ Endorsement

Select if the following applies: ☐ Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)	**National Provider Identifier Number (NPI)** (Enter 10 digit number)	☐ Male ☐ Female ☐ Prefer not to answer ☐ X

Name First Middle Last

Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)

Email address

Mailing address if different from above address of record

City	State	Zip Code	County

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? ☐ Yes ☐ No

If yes, list name(s):

Will documents be received in another name? ☐ Yes ☐ No

If yes, list name(s):

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation. ..... ☐ ☐

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered "yes" to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ..... ☐ ☐

"Currently" means within the past two years.

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism? ..... ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances? ..... ☐ ☐

"Currently" means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ... ☐ ☐

Note: If you answered "yes" to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (cont.)

	Yes	No
6. Have you ever been found in any civil, administrative or criminal proceeding to have:		
a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?	☐	☐
b. Diverted controlled substances or legend drugs?	☐	☐
c. Violated any drug law?	☐	☐
d. Prescribed controlled substances for yourself?	☐	☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?	☐	☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?	☐	☐
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?	☐	☐
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?	☐	☐
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?	☐	☐

3. Other License, Certification, or Registration

List all states including Washington where licenses/certifications/registrations are or were held.

State	License/certification/registration type	License/certification/registration		Method of license		
		Year Issued	Number	Exam	Endorse	Grand fathered

4. Professional Education

List in date order, most recent to later all your educational preparation and post-graduate training. Attach additional pages if you need more space.

Schools Attended Full Name, City and State	Degree Earned	Attendance	
		From (mm/dd/yyyy)	To (mm/dd/yyyy)

5. Experience

List in date order all professional experience and practice from date of graduation from professional college. Include the month/day/year. Attach additional pages if you need more space.

Type of experience and location	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

6. Examination Data

Have you taken and passed the FSMTB or the NCBTMB exam?

NCBTMB ☐ Yes ☐ No If yes, date taken _____

FSMTB ☐ Yes ☐ No If yes, date taken _____

Official verification in the form of official scores must be sent directly from the NCBTMB or the FSMTB to the Department of Health.

7. Applicant's Attestation

I, _____ , declare under penalty of perjury under the laws of
(Print applicant name clearly)
the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read RCW 18.130.170 and RCW 18.130.180 of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated_____ By:_____
(mm/dd/yyyy) (Signature of applicant)

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Washington State Department of HEALTH

Board of Massage Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Board of Massage Education Endorsement Form

Only Education Endorsement forms sent directly from the school will be accepted.

This form must be completed and submitted by the authorized school representative for applicants who hold an out-of-state active massage license and are applying for licensure by endorsement.

Applicant Information:

Applicant Name

School or Program Information:

Name of the school or program the applicant graduated from		State of school or program
Program Entry Date	Program Completed Date	Total Program Hours

State Board and Licensing Agency or the Accrediting Agency Information:

Was the school approved by the state's massage board at the applicant's time of graduation?

☐ Yes, List the full name of the state board _____

☐ No ☐ N/A If no or N/A, select which of the following the school was approved by:

☐ A national or regional accreditation organization

_____
Name

☐ The state authority with responsibility for oversight of vocational programs

_____
Name

☐ The state agency that regulates massage programs

_____
Name

☐ Other—List:

_____
Name

As an authorized representative of the school listed above, I attest that the applicant has successfully completed the school's massage program and that the school was approved by the state board and/ required accrediting or licensing agency at the applicant's time of graduation.

_____
Printed name of school registrar or authorized representative

_____
Signature Date

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Washington State Department of HEALTH

Board of Massage Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Board of Massage School Completion Form

Only Massage School Completion Forms completed by and sent directly from the school will be accepted. If the school is closed, we will accept the signed School Completion Form from the Workforce Training and Education Coordinating Board. If you are applying for licensure by endorsement, you must use the Education Endorsement Form.

Applicant Name

Birth Date

Board approved school and program name that the applicant graduated from

Program Entry Date

Program Completed Date

Program Hours
(Only report hours earned at board approved school)

Approved Massage Training Program Credential Number

Did applicant transfer hours?

☐ Yes

☐ No

Hours completed
(Only hours earned at board approved school)

As the school's authorized representative, I attest that the above named applicant has successfully completed our school's board approved massage therapy training program.

Printed name of school registrar or authorized representative

Signature

Date

UBI Number

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

This section only needs to be completed if an applicant transferred hours.

If the applicant transferred previously earned education and training hours, please indicate below the number of hours per category that were transferred and the number of hours there were completed in the board approved transfer program. The hours are expressed as the minimum required in WAC 246-830-430

Ninety hours of anatomy and physiology

Hours Transferred from Unapproved School	Hours Completed at Approved Transfer School

Sixty hours of kinesiology

Hours Transferred from Unapproved School	Hours Completed at Approved Transfer School

Seventy hours of pathology

Hours Transferred from Unapproved School	Hours Completed at Approved Transfer School

Two hundred sixty hours of theory, principles, and practice

Hours Transferred from Unapproved School	Hours Completed at Approved Transfer School

Fifty hours of student clinic

Hours Transferred from Unapproved School	Hours Completed at Approved Transfer School

Fifty-five hours of clinical/business practices

Hours Transferred from Unapproved School	Hours Completed at Approved Transfer School

Forty hours of professional ethics

Hours Transferred from Unapproved School	Hours Completed at Approved Transfer School

RCW/WAC and Online Website Links

RCW/WAC Links

Uniform Disciplinary Act, RCW 18.130

Administrative Procedure Act, RCW 34.05

Administrative Procedures and Requirements, WAC 246-12

Online

Board of Massage Web Page

National Certification Board, www.ncbtmb.com

Federation of State Massage Therapy Boards, www.fsmtb.org

Washington State Approved Massage Programs School List

Jurisprudence Examination