



NEW MEXICO MESSAGE THERAPY BOARD

2550 Cerrillos Road, Santa Fe, NM 87505
 P. O. Box 25101, Santa Fe, New Mexico 87505
 E-mail: Message.Board@state.nm.us
 Website: www.rld.state.nm.us
 Phone: (505) 476-4870

MESSAGE THERAPIST APPLICATION FORM FOR LICENSURE

- APPLICATION FEE: \$75.00**
- TEMPORARY LICENSE** (Optional, if qualified – see checklist): \$25.00.
- YES NO - Have you ever taken the NCETMB, the NCETM or the MBLEX?
- YES NO - Are you planning to or scheduled to take any one of the above mentioned national Examinations?
 If so, which one and when? _____

This application must be legible, either printed in black ink or typed. Please check only one category of licensure for which you are applying:

- LICENSURE BY EDUCATION****
 Requires completion of a minimum of 650 hours of massage therapy training (see Part 4 of 16.7NMAC), **PLUS** passage of a National Examination (see Part 10 of 16.7NMAC) at www.rld.state.nm.us/massage.
- LICENSURE BY CREDENTIALS**
 Requires completion of a minimum of 650 hours Massage Therapy training **AND** current Massage Therapy licensure from another licensing jurisdiction **PLUS** passage of a national examination **OR** passage of an examination equal to or exceeding New Mexico's examination requirements, as provided in 16.7.4.18 of Part 4 and Part 10, and Section 61-12C-16 of the Massage Therapy Practice Act.

Contact the **National Certification Board at 1-800-296-0664 or through the Internet at <http://www.ncbtmb.com> for details regarding taking the NCETMB National Examination.

Contact the **Federation of State Massage Therapy Boards through the internet at <http://www.fsmtb.org> for details regarding taking the MBLEX.

INITIAL LICENSE FEE - The initial permanent massage therapy license fee will be assessed when the application is complete and all other requirements have been met. The initial license fee may be prorated to get you into an October 31st renewal cycle.

APPLICANT INFORMATION **All licensing information provided is public information**

NAME - LAST		FIRST		MIDDLE INITIAL
MAILING ADDRESS - No. & Street/P. O. Box				
CITY		STATE		ZIP CODE
DATE OF BIRTH	BUSINESS OR MESSAGE PHONE	HOME PHONE	PLACE OF BIRTH	
- -	() -	() -		
E-MAIL ADDRESS:		SOCIAL SECURITY NO.		
EMPLOYER'S NAME AND ADDRESS:		REQUIRED Attach one (1) 2"X2" photograph of head and shoulders only (passport type) taken within the last six (6) months PLEASE STAPLE, DO NOT TAPE OR GLUE		
Have you ever used a different name for school or employment? If Yes, what name(s)?				
If you previously applied for a NM Massage Therapy License in NEW MEXICO, however did not obtain a license, provide approximate date of application.				
If you previously applied for and obtained a NM Massage Therapy license, provide date license was issued and license number				
_____ - _____ - _____; License # _____				

APPLICATION REVIEW:

The preliminary application review process averages approximately *two weeks from the time it is received by the Board office*. Due to the high volume of applications received by the Board office, please be patient and allow staff to complete the necessary processes required by state government. You can contact the Board office if, after that time period, you have still not heard a response to your application.

SECTION A – MESSAGE THERAPY EDUCATION

This Section MUST be completed by **ALL** applicants.

- You must list all your massage therapy schooling and you must **request that the *massage therapy school(s) you listed provide official transcripts to the Board office.***
- If the massage therapy schooling was not obtained at a New Mexico registered massage therapy school or if the training you received is less than the minimum hours required for licensure or if you graduated from your program more than two (2) years ago, you must request that *Form A "Massage Therapy School"* be completed by each of the Massage Therapy School(s) and be sent directly to the Board by the school(s) with the official transcript AND verification that the school was approved to operate as a private post secondary educational institution.**
- At least one (1) transcript must document a minimum of 300-class hours of Massage Therapy schooling.
- If the applicant is missing a core curriculum course or a small portion of the core curriculum to complete the 650-hour requirement, the applicant may obtain the training course(s) from a New Mexico registered independent instructor, or from a New Mexico registered school, or from another massage therapy school that meets the requirements in 16.7.4.13 NMAC.

NAME - MESSAGE THERAPY SCHOOL		PHONE () -
MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE -
HOURS COMPLETED	COMPLETION/GRADUATIONDATE - -	DIPLOMA AWARDED (Massage Therapist, etc.)
NAME - MESSAGE THERAPY SCHOOL		PHONE () -
MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE -
HOURS COMPLETED	COMPLETION/GRADUATIONDATE - -	DIPLOMA AWARDED (Massage Therapist, BA, AA, etc.)

SECTION B – CREDENTIALS

This Section must be completed if you checked "**Licensure by Credentials**".

- a. You must have a current, valid license as a Massage Therapist in another state/territory of the United State, the District of Columbia or foreign nation and have met educational and examination requirements equal to or exceeding those established under the Massage Therapy Practice Act.
- b. **CAUTION:** If you have not taken the NCETMB Examination or the MBLEx and wish to have the Board consider another state's MASSAGE licensing exam in lieu of a national exam, it is your responsibility to ensure that the Board receives proof from that state or licensing jurisdiction that the **Massage Therapy examination** you took meets or exceeds the NCETMB Examination or the MBLEx, either of which is required for licensure by New Mexico.
- c. If you have taken and passed the NCETMB you may instead have your exam results mailed directly to the Board Office by the examining agency in order to satisfy the examination requirements in this Section.

You must request that **FORM B "Verification of Licensure"** be completed by each licensing board where you have been licensed or certified previously, whether or not the license/certification is current.

NAME – STATE/JURISDICTION LICENSING BOARD/AGENCY		PHONE () -
MAILING ADDRESS - No. & Street/P. O. Box		
CITY	STATE	ZIP CODE -
HOURS REQUIRED	LICENSE NO.	LICENSE HELD (Massage Therapist, etc.)

EXAMINATION OFFICIAL SCORES – The national examining agencies **WILL NOT** automatically send the examination results to the Board office. It is your responsibility to ensure that the examination agency send your test results to the Board office.

COMPLETE THE APPLICATION CORRECTLY:

The Board shall neither approve nor deny an application for licensure in New Mexico until it is received in proper form, contains the information required by law and as requested by this application. **The Board does not have the authority to grant a waiver of any requirement.**

AMERICAN'S WITH DISABILITY ACT: If you are individual needing special testing accommodations for the jurisprudence examination please check here and indicate on a separate page what your disability is and the type of accommodations you will need.

SECTION C – THE FOLLOWING QUESTIONS MUST BE ANSWERED

- 1. Have you been convicted of a felony offense? Yes No
- 2. Have you ever been denied a license or authorization to practice massage therapy or been denied permission to take an examination to practice massage therapy in any state, country or territory? Yes No
- 3. Has any disciplinary action ever been taken regarding your practice of massage therapy or any license you hold or have held to practice massage therapy? Disciplinary actions include, but are not limited to, suspension, probation, practice limitation, reprimand, fines, letter of admonition or censure; Yes No
- 4. Are there any allegations or complaints currently pending regarding your practice of massage therapy or any license you hold or have held to practice massage therapy? Yes No
- 5. Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such a claim yourself? Yes No
- 6. Are you currently more than a month in arrears in court ordered child support payments in New Mexico or any other state(s)? Yes No

If you answered "YES" to any of the questions listed above, you must provide an explanation and make arrangements for relevant documentation and the current status of the item in question to be sent to the Board office. Such documentation may include, but not be limited to the following:

- 1. Certified copies of the legal documents, certified by the Clerk entering the conviction;
- 2. Character reference letters from family, friends, colleagues, employer, etc., to include their addresses and phone numbers, which must be originals addressed to the Board and which must be dated within one (1) month from the date this application is signed and submitted to the Board;
- 3. If you are still on probation, a letter from your Probation Officer outlining the status, which must be original and addressed to the Board and which must be dated within one (1) month from the date this application is signed and submitted to the Board;
- 4. For question #2, documentation outlining the basis, outcome, and status must be sent directly to this office from the licensing Board(s);
- 5. For question #4, a certified statement from HSD stating that you are in compliance with the judgment and order for support; and
- 6. Any other documentation regarding the matter.

OTHER CONDITIONS:

As a condition for licensure for any person who has received a conviction involving drugs, the applicant must provide and affidavit with this application that he/she authorizes the Board to require that a urinalysis to be conducted at the applicant's expense, and that the urinalysis results will be forwarded directly to the Board by the laboratory.

A "YES" answer does not necessarily disqualify an applicant from licensure, however the Board may require additional information and/or clarification, therefore it is important that you provide complete and succinct information. Each case is considered on its own merit. If you are applying for a temporary license and you answered, "YES" to any question above the application will have to be presented to the Board for approval/disapproval before a temporary license may be issued.

SECTION D – TEMPORARY LICENSURE

Complete this section if you are applying for a temporary license. Read 16.7.4.16 NMAC "Specific Provisions for Temporary License" in the Board's Part 4.

- Only applicants applying under "Licensure by Education" or "Credential" applicants who have NEVER taken a National Examination *may* apply for a temporary license while waiting to take the exam.
- The Temporary Licensure Fee of \$25.00 must accompany the Application Fee.**

SELF-EMPLOYED – PHYSICAL ADDRESS - No. & Street

CITY	ZIP CODE	PHONE NO.
	-	() -

EMPLOYED BY A BUSINESS OR SOMEONE ELSE – Name of Employer		
PHYSICAL ADDRESS - No. & Street		
CITY	ZIP CODE	PHONE NO.
	-	() -
<p>BY YOUR SIGNATURE BELOW YOU ARE CERTIFYING TO AND AGREE TO COMPLY WITH THE FOLLOWING: The Massage Therapy Rules and Regulations (16.7 NMAC) allow me to apply for a Temporary Massage Therapy license while waiting to take a national examination, upon satisfying the Board that I have met all the educational requirements outlined in Part 4, of the Massage Therapy Rules/Parts. Therefore, I hereby certify that I have not taken the NCETMB or the MBLEx.</p> <ol style="list-style-type: none"> 1. If granted the temporary massage therapy license for which I am applying, and if I fail to pass the national exam, I agree to return the temporary massage Therapy license within ten (10) calendar days after receiving notice from the testing agency that I have failed to pass; I understand that the testing agency will notify the Board that I failed the exam and if I do not return the temporary license within the ten (10) calendar days, I may be assessed an administrative fee by the Board if I do not comply. 2. If granted the temporary massage therapy license for which I am applying, and if I fail to obtain the initial Massage Therapy license prior to the expiration of the temporary massage therapy license I agree to return the temporary massage therapy license within ten (10) calendar days after the expiration date noted on the temporary massage therapy license, along with a written statement stating, and agreeing, not to practice until and unless the initial massage therapy license is issued; and 3. If granted a temporary license, I will keep the Board apprised, in writing, with thirty (30) days of any changes to the location of my practice. 		
SIGNATURE		DATE / /

JURISPRUDENCE EXAMINATION - ALL applicants are required to take a **Jurisprudence Examination**. A copy of Massage Therapy Rules and Regulations (16.7 NMAC) and the Massage Therapy Practice Act (Chapter 61, Article 12C) will accompany the Jurisprudence Exam when Board staff sends it to you.

APPLICATION EXPIRATION AND WITHDRAWAL

If this application is still incomplete one (1) year after the date it was received by the Board office, the application will be considered **WITHDRAWN** and the status in the Board's licensing database will be changed to "Withdrawn". All fees paid by the applicant will be forfeited. The hard-copy file will be stored for one more year, after which it will be destroyed. If the applicant wishes to reapply, he/she must contact the Board office to determine whether the hard-copy file is still available and must meet whatever the application requirements are at the time of reapplication.

SECTION E – APPLICANT'S ATTESTATION

<p>I acknowledge receiving and reading the Massage Therapy Rules and Regulations and the Massage Therapy Practice Act (received either directly from the Board office or downloaded from the Board's Website (from the RULES AND LAW link) and represent and agree to comply with these laws should I be granted the license for which I am applying.</p> <p>Under penalties of perjury, I declare and affirm that the statements made in the forgoing application, including notarized documentation, are true, complete, and correct. I understand that any false or misleading information in or in connection with, my application may be cause for denial or loss of licensure.</p>	
SIGNATURE (Sign before a Notary Public)	DATE / /
<p>State of: _____ County of: _____</p> <p>Before me on this _____ day of _____, 2_____, personally appeared the above named applicant who being by me duly sworn upon oath says that all the acts, statements and answers contained in this application are true and correct.</p> <p>Notary Name (Printed): -</p> <p>Notary Name (Signature): -</p> <p>Commission Expiration Date</p> <p style="text-align: right;">(Notary Seal)</p>	

**MASSAGE THERAPY LICENSURE
LICENSURE BY "EDUCATION" CHECKLIST**

Complete this checklist (by checking the boxes as applicable) ONLY if you are applying for Licensure by Education. It is your responsibility to ensure that the checklist items are provided to the Massage Therapy Board. Failure to return this completed checklist with your application and the required fee(s) will delay the processing of your application.

Yes	*No	NA		For Office Use Only Date Received
<input type="checkbox"/>			1. Complete Application for Massage Therapy licensure, which is signed before a notary public and includes a 2"x2" photograph of applicant. (Photocopy or scanned photograph is not accepted)	_ / _ / _
<input type="checkbox"/>			2. Application Fee of \$75.00, payment made out to: Massage Therapy Board	_ / _ / _
<input type="checkbox"/>	<input type="checkbox"/>		3. Temporary License Fee of \$25.00, payment made out to: Massage Therapy Board. <i>NOTE: Only persons who have never taken a National Examination are eligible for a temporary license.</i>	_ / _ / _
<input type="checkbox"/>	<input type="checkbox"/>		4. Copy of high school diploma, its equivalent (GED) or college/university transcript/diploma	_ / _ / _
MT Office use ONLY: School _____ Graduated ___ / ___ / ___				
<input type="checkbox"/>	<input type="checkbox"/>		5. Photocopy of front and back of CURRENT CPR, First Aid and AED card from an approved provider (the American Red Cross, Safety Services, LLC, the American Heart Association, EMS Safety Services OR Pro Trainings, LLC). (NO ONLINE COURSES WILL BE ACCEPTED)	_ / _ / _
MT Office use ONLY: Card Expiration Date ___ / ___ / ___				
<input type="checkbox"/>	<input type="checkbox"/>		6. Official Massage Therapy School Transcript in a <i>sealed school envelope</i> , for each school listed in Section A of the application.	_ / _ / _
MT Office use ONLY: School _____ Graduated ___ / ___ / ___				
Has been requested:			7. FORM A "Massage Therapy School" in a <i>sealed school envelope</i> , for each school listed in Section A, for out-of-state massage therapy schooling, or any massage therapy schooling that is <i>less than</i> 650 hours or any massage therapy hours earned more than two (2) years ago,	_ / _ / _
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MT Office use ONLY: Number of Hours Completed: _____	
Has been requested:			8. For out-of-state massage therapy schooling documentation/verification that the massage therapy school was approved to operate as a private post-secondary educational institution or its equivalent, at the time training was received	_ / _ / _
This document MUST be submitted by the O/S school to the Board with the FORM A and the official MT school transcript.				
Has been requested:			9. Ordered/will order official national examination score report to be mailed directly to the Massage Therapy Board office	_ / _ / _
Applicant to list States' abbreviation (CHECKBOX for MT Office use ONLY) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>			_ / _ / _
Applicant: Be sure to request that your national exam score results be sent DIRECTLY to the Massage Therapy Board.				

FOR MT BOARD OFFICE USE ONLY		
Temporary License Issued:	Temp License # _____	Issue Date ___ / ___ / ___ - Valid Through ___ / ___ / ___
Jurisprudence Exam Mailed ___ / ___ / ___	Score: _____ %	Passing Date ___ / ___ / ___
Copy of Checklist Mailed to Applicant	___ / ___ / ___, ___ / ___ / ___	___ / ___ / ___, ___ / ___ / ___, ___ / ___ / ___
Board Staff Notes:		
National Exam Taken:	Date Taken ___ / ___ / ___	Initial License Fee Received ___ / ___ / ___
License Number:	Expiration Date: ___ / ___ / ___	Completed by (Initial)
Date Processed & Mailed		

**MESSAGE THERAPY LICENSURE
LICENSURE BY "CREDENTIALS" CHECKLIST**

Complete this checklist ONLY if you are applying for LICENSURE BY CREDENTIALS. It is your responsibility to ensure that the checklist items are provided to the Massage Therapy Board. **Failure to return this completed checklist with your application and the required fee(s) will delay the processing of your application.**

Yes	*No	NA		RECEIVED: (For MTB Office Use Only)
<input type="checkbox"/>			1. Complete Application for Massage Therapy Licensure, which is signed before a notary public and includes a 2"x2" photograph of applicant. (Photocopy or scanned photograph is not accepted)	_ / _ / _
<input type="checkbox"/>			2. Application Fee of \$75.00, payment made out to: Massage Therapy Board	_ / _ / _
<input type="checkbox"/>	<input type="checkbox"/>		3. Copy of high school diploma, its equivalent (GED) or college/university transcript/diploma	_ / _ / _
MT Office use ONLY: School _____ Graduated ___ / ___ / ___				
<input type="checkbox"/>	<input type="checkbox"/>		4. Photocopy of front and back of CURRENT CPR, First Aid and AED card from an approved provider (the American Red Cross, Safety Services, LLC, the American Heart Association, EMS Safety Services OR Pro Trainings, LLC). (NO ONLINE COURSES WILL BE ACCEPTED)	_ / _ / _
MT Office use ONLY: Card Expiration Date ___ / ___ / ___				
<input type="checkbox"/>	<input type="checkbox"/>		5. Official Massage Therapy School Transcript in a <i>sealed school envelope</i> , for each school listed in Section A of the application.	_ / _ / _
MT Office use ONLY: School _____ Graduated ___ / ___ / ___				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. FORM A "Verification of School" in a <i>sealed school envelope</i> , for each school listed in Section A of the application for out-of-state massage therapy schooling or for in-state massage therapy schooling that is less than 650 hours in length (see 16.7.4.13 of Part 4 for clarification)	_ / _ / _
(For MT Office use ONLY: Number of Hours: _____)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. For out-of-state massage therapy schooling documentation/verification that the massage therapy school was approved to operate as a private post-secondary educational institution or its equivalent, for each out-of-state school listed in Section A of the application at the time training was received	_ / _ / _
The O/S school MUST submit the FORM A, the official MT school transcript, and the checklist item #7 to the NM Board.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Form B "Verification of Licensure" in a <i>sealed board envelope</i> , from all the states you hold or have ever held a license to practice in a Health Care Field, listed in Section D of the application for licensure	_ / _ / _
Applicant to list States' abbrev. (CHECKBOX for MT Office use ONLY) _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____				
<input type="checkbox"/>	<input type="checkbox"/>		9. CHECK ONE - Exam Section	
Please indicate which exam you wish to submit toward the examination requirement.			<input type="checkbox"/> State administered examination taken at the time of licensure meets or exceeds the National Certification Examination for Therapeutic Massage and Bodywork. (NOTE: The examination content outline MUST be provided by the licensing jurisdiction to the New Mexico Massage Therapy Board for evaluation and final determination); OR	_ / _ / _
			<input type="checkbox"/> Ordered official exam score report to be mailed directly to the Massage Therapy Board office.	_ / _ / _
Checklist Item 9: You MUST make arrangements to have the checked item sent directly to the NM Board by either the other state board or the NCETMB. Date of request: ___ / ___ / ___				

FOR MT OFFICE USE ONLY		
Jurisprudence Exam Mailed	Score: _____ %	Passing Date ___ / ___ / ___
Copy of Checklist Mailed to Applicant	_____ / ___ / ___	_____ / ___ / ___
Board Staff Notes:		
National Exam Taken:	Date Taken ___ / ___ / ___	Initial License Fee Received _____ / ___ / ___
License Processed & Mailed	Score: _____ %	