

Odd Numbered Year

Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-4918 rita.watson@nebraska.gov

MASSAGE THERAPY APPLICATION FOR A LICENSE TO PRACTICE

Please print or type

	CTION A - PERSON I be displayed on th										ensed, yo	our licen	sure info	rmation
NO	TE: All mailings wi	ll be sent	to the ac	dress y	ou indica	ate belov	v– if y	ou c	change y	your add	ress, yo	u must a	dvise th	is office.
1	Legal Name	First: Middle/MI:				Last:								
	Maiden Name	Name:				Other	Name	es yo	ou are kr	nown as (AKA):			
2	Mailing Address	Street/PC	/Route:											
	3													
		City:				State	or Co	untry	y:		Zip:			
3	Date of Birth:	Month/Da	y/Year:			Place	of Bir	th:		City/Stat	te or Cou	intry:		
4	Check the	Socia	I Security	/ Number	(SSN);			SS	SN#					
	Appropriate Box(s):	Alien	Registrat	ion Numl	oer ("A#")); or		Δ.	·					
	DOX(3).	Form	I-94 (Arri	val-Depa	rture Red	ord) number:		A#	7					
						I-94 #								
	If you have both a S	SSN and a	n A# or I-	-94 numb	er, you n	nust repo	rt both	١.						
	Neb. Rev. Stat. §38-1 information, DHHS n	23 mandat	es disclo se it for ch	sure of yo	our social ort enforce	security ement pu	numbe rposes	er to and	DHHS. I to the N	Although lebraska [your num Departme	nber is NC nt of Reve	T public enue.	
5	Phone #:							Fax						
	(optional) E-Mail Address:							(op	tional)					
	(optional)													
SEC	CTION B - LICENSE	APPLICA	TION CA	TEGOR	and FE	ES (All a	pplica	nts r	must cor	mplete thi	s section)		
Chec	k all categories that	apply:												
Ir	itial License (see cl	nart below	for appro	priate fe	e)									
L	icensed in Another Ju	urisdiction	(State) –	Reciproo	ity (see	chart bel	ow for	арр	ropriate	fee)				
□ T	emporary License – I	Fee: \$25												
FEE	S: To determine the	licensure	fee due,	see the c	hart belo	w:								
 I	YEAR	Jan	Feb	Mar	Apr	May	Jun	е	July	Aug	Sep	Oct	Nov	Dec
Eve	en Numbered Year	\$110	\$110	\$110	\$110	\$110	\$11	0	\$110	\$110	\$110	\$110	\$110	\$110

Make payable to: "Licensure Unit"

All Licenses expire November 1st of odd-years (renewal fee will be \$110)

27.50

\$110

\$110

\$110

\$110

27.50

27.50

27.50

27.50

27.50

\$110

\$110

SECTION C - EXAMINATION (All applic	ants must cor	nplete this s	ection)				. «ge _
☐ I have enclosed the official	al score	report from N	NCTMB.					
☐ I have enclosed the official		•						
☐ I have requested an offici	al copy o	of my score i	eport be s	ent to your of	fice.			
☐ I have previously failed th	e exami	nation on			_ (month/day/yea	r).		
Acceptable Licensure Examination The National Certification Experiments of Therapeutic Massage (National Certification Experiments) Therapeutic Massage and Bodywork (FSMTB).	kaminatio ICETM) c lodywork	n for Therape or Advanced ((NCBTMB); (Certification OR	Examination (ACE) developed by	the National Co	ertification	Board for
Reciprocity: An applicant who examination, with a score of at I from site and mail with application	east 75%							
SECTION D - EDUCATION (AI	l applican	ts must comp	lete this sec	tion)				
School of Massage Therapy Attended:	Name:							
School Address:	Street/F	PO/Route:						
	City:				State:		Zip:	
Date Completed:	Date:			Total #	of Hours Complete	ed:		
·					·			
Reciprocity: An applicant who is therapy, may obtain hours to equivers experience and/or continuing edular the sequence of the	is license ual the re ucation. I r obtained assage th ull-time pom NCBT D COLLE ng in mas	d in another pequired 1,000 Hour equivaled from a course erapy related ractice following MB or FSMTE	jurisdiction a hours of tra nts may be se of study in college/univ ng licensure a approved of	and has not comining through granted in the massage the versity hours en as a massage continuing edu S: If you are rone Name of the	ompleted a total of a massage therapy following manner: rapy; quals 15 hours; therapist; and/or cation programs. equesting college/ur e college/university,	1,000 hours of program, a coll	training in ege/univer e consider e, Course	esity, work
Name of College/	Name of College/University		Course Name			Course # Credits		Earned
FULL-TIME PRACTICE: If you a list below the Name of the Estab employment location:	lishment,	Telephone N	umber, and	Dates of Full T	ime Practice as a m	assage therapis	t for each	
Name of Establishment		City	S	tate	Telephone #	Date Began	Date	Ended
CONTINUING EDUCATION: If y therapy, list the name of the prog								assage
Name of Program		Check if Ap	proved by FSMTB	# of Hours Completed	Date	City		State

SECTION E - CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)

Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty and issuance of a probationary license.

<u>NOTE:</u> If you have any criminal charges or license disciplinary actions pending that result in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days http://www.dhhs.ne.gov/reg/investi.htm or by telephone at 402-471-0175.

Answer each of the following questions by placing a (x) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see page 6 of application).

Conviction Information:

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you EVER been convicted					
	of a misdemeanor or felony?					

You are required to list all misdemeanor/felony convictions, regardless of when they occurred. If you are not sure if a ticket or arrest resulted in a misdemeanor or felony conviction, we suggest that you contact the court in the county where you were ticketed or arrested. The following provides just a small **sampling** of some of the misdemeanor convictions; this is not an exclusive list (intended as examples), there are many more not listed here:

• MIP	Driving under Suspension / Revocation License
DUI / DWI	Vehicle without Liability Insurance
Controlled Substance	Fail to Appear in Court
Open Container	False Information or Reporting
 Tobacco Use by Minor 	Leave the Scene of an Accident
Shoplifting / Theft / Burglary	Operator not Carrying License
 Unauthorized use of a Financial Transaction 	Unlawful Display of Plates/Renewal tabs
 Disturbing the Peace 	Park Rule Violation / Curfew Violation
Assault	Dog at Large / Fail to Vaccinate Animal
 Disorderly Conduct 	Littering
Disorderly House	Bad Check
Reckless Driving	Fireworks

Convictions are also delineated in Neb. Rev. Stat. Chapter 28

Licensure Information:

The following questions relate to a credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.

		Yes	No			
2	Are you licensed in any state?			If yes, what State(s) are you licensed in?	What type of licens	se do you hold?
3	Has your license ever been denied, refused			Type of Licensure Action	Date of Action	Name of Entity taking Action
	renewal, limited, suspended, revoked or					
	had other disciplinary measures taken against it?					
4	Have you ever been denied the right to take an examination?			Please Explain:		

SECTION F - TEMPORARY LICENSE	Complete this	s section if	you want a tem	porary license.
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A temporary license to practice massage therapy may be granted to any person who meets all the requirements for a license except passage of the licensure examination or if the individual is applying for licensure by reciprocity as specified in 172 NAC 81-003. A temporary license is subject to the following requirements and limitations:

- 1. A temporary licensee must be supervised in his or her practice by a licensed massage therapist.
- 2. A temporary license will be valid for 60 days or until the temporary licensee takes the examination, whichever occurs first. In the event a temporary licensee fails the examination required by such section, the temporary license will be null and void, except that the department, with the recommendation of the board, may extend the temporary license upon a showing of good cause why such license should be extended. A temporary license may not be extended beyond six months.
- 3. A temporary license will not be issued to any person failing the examination if such person did not hold a valid temporary license prior to his or her failure to pass the examination.

<u>Reciprocity:</u> An applicant who is licensed in another jurisdiction may apply for a temporary license to practice massage therapy if s/he is completing the additional hours necessary to equal 1,000 hours as defined in 172 NAC 81-003.01, item 3 or needs to take the licensure examination

examination. Temporary Applicant comp	oletes the following Se	ection: Applicant Nam	ne:	·			
1 st Supervising Massage	First:	Middle:			Last:		
Therapist:	1 1100.	Wildalo.			Laot.		
License Number:	#:				1		
Names of other Supervising Massage Therapists:	First:	Middle:			Last:		
	License Number #:						
	First:	Middle:			Last:		
	License Number #:						
	First:	Middle:			Last:		
	License Number #:						
Name/Address of Establishment where practice will occur:	Name of Establishment:						
	Street/Route:						
	City:		S	State:		Zip:	
Establishment License #:	#						
Supervisor(s) complete the I hereby state that the foregoing stalicense in accordance with the laws	atement is true. I (we) agree				or a tempora	ary massag	e therapy
		date					
Signature of Supervising Massage		date		license	: A tempore is issued for the contract of the	or 60	
Signature of Supervising Massage	тнегарія	date		receipt	t of the exar (pass or fa	nination	

Signature of Supervising Massage Therapist

An i	CTION G – PRACTICE PRIOR TO CREDENTIAL ndividual who practices prior to issuance of a credential is subjood, or such other action as provided in the statutes and regula	ject to assessment of an Administrative Penalty of \$10 per day up to tions governing the credential.				
1	I have practiced massage therapy in Nebraska before submitting this application?	□ Yes □ No				
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days:				
		Name of Business:				
		City:				
		Telephone #:				
05/	OTION II. ATTECTATION					
	CTION H - ATTESTATION					
	ful Presence in the United States Attestation: For the purp Please check ONLY ONE of the boxes below:	ose of complying with Neb. Rev. Stat. §38-129, I attest as follows:				
Alie pres You Dep	□ I am a citizen of the United States. □ I am an alien lawfully admitted into the United State who is □ I am a nonimmigrant lawfully present in the United State were an or Non-immigrant Status: If you are a qualified alien lawfurent in the United States, you must submit evidence of lawful process. 1. A "Green Card" otherwise known as a Permanent Residual 2. An unexpired foreign passport with an unexpired Temporal 3. A document showing an Alien Registration Number ("Afaceptable; or 4. A Form I-94 (Arrival-Departure Record).	dent Card (Form I-551), both front and back of the card; or orary I-551 stamp bearing the same name as the passport; or #"), an Employment Authorization Card/Document is NOT				
	I have read the application or have had the application read to	me:				
2. 3. 4.	 I have read the application of have had the application read to file; All statements on the application are true and complete; I am of good character; and I have not committed any act that would be grounds for denial under Neb. Rev. Stat. §§38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s). 					
	t Name:					
Sign	Signature: Date:					

To provide massage therapy services in Nebraska, you must hold a Nebraska active massage therapy license <u>and</u> you must practice in a Nebraska licensed massage therapy establishment or provide such services at the location of the client. A massage therapy establishment license is not required if you practice within the confines of a hospital, nursing home, or other similar establishment or facility (such as a cosmetology salon or nail technology salon) licensed by the Department of Health and Human Services. However, if you wish to advertise your practice under a different name than the name of the hospital, nursing home or salon, then a massage therapy establishment license is required.

FYI: Chiropractic establishments, physical therapy establishments, and doctor's offices are **NOT** licensed by the Department.

You can check license of an establishment at: http://www.nebraska.gov/LISSearch/search.cgi or by e-mail at: rita.watson@nebraska.gov



In order for your application to be considered complete, you MUST submit the following documents:

	documents.
1.	Age: Evidence of at least 19 years of age (i.e.: copy of your driver's license, birth certificate, marriage license, school transcript US State ID card, Military ID, or similar documentation);
2.	Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a copy of at least one of the following documents: (1) A U.S. Passport (unexpired or expired); (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal; (3) An American Indian Card (I-872); (4) A Certificate of Naturalization (N-550 or N-570); (5) A Certificate of Citizenship (N-560 or N-561); (6) Certification of Report of Birth (DS-1350); (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); (8) Certification of Birth Abroad (FS-545 or DS-1350); (9) A United States Citizen Identification Card (I-197 or I-179); (10) A Northern Mariana Card (I-873); (11) A Green Card otherwise known as a Permanent Resident Card (Form I-551) both front and back of the card; (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; (13) A form I-94 (Arrival-Departure Record);
3.	Education: Your school must have submitted an official school/college/university transcript showing completion of a course of study and training in massage therapy not less than 1,000 hours, distributed over a term of not less than 9 months as specified in 172 NAC 81-002, item 12, which includes at least: a. 100 hours in each of the following areas: (1) Anatomy; (2) Health Service Management; (3) Hydrotherapy; (4) Hygiene and Practical Demonstration; (5) Massage; (6) Pathology; (7) Physiology; and
	 b. The remaining 300 hours must be obtained in subject areas related to the clinical practice of massage therapy. Reciprocity: An applicant who is licensed in another jurisdiction and has not completed 1,000 hours of training in massage therapy may obtain hours to equal the required 1,000 hours of training through a massage therapy program, a college/university, work experience and/or continuing education. The applicant is not required to have attained the specified hours in the areas identified above. Hour equivalents may be granted in the following manner: 50-60 minutes equals 1 hour obtained from a course of study in massage therapy; 1 semester credit hour of massage therapy related college/university hours equals 15 hours; 100 hours for each year of full-time practice as a massage therapist; and/or Up to 100 hours obtained from NCBTMB or FSMTB approved continuing education programs.
4.	Examination: You must submit an Official Examination Score Report from NCTMB or FSMTB;
	Reciprocity: An applicant who is licensed in another jurisdiction must also successfully pass the Board developed jurisprudence examination, with a score of at least 75%. Exam can be found at: http://www.surveymonkey.com/s/GBQYT9W You will need to print from site and mail with application.
5.	Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, o environmental services in another jurisdiction, you must have the licensing agency submit to the Department a certification of you credential;
6.	 Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit: (a) A copy of the court record, which includes charges and disposition; (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions; (c) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required – if you went through Drug Court and had an evaluation, you must submit the evaluation record; and (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
7.	□ Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition; and
8	Fee: The required fee (see chart on page 1 of this application)

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.