

STEP 1: Get copies of the following documents:

1. **US Citizenship/Lawful Presence** (must also be at least 17 years old):

U.S. Citizens, a PHOTOCOPY of one of the following:

- Birth certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen, a PHOTOCOPY of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND**
 - An approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States; or
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

2. **Education: Request** that your school submit 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

Reciprocity: If you are licensed in another state and you have not completed at least 1,000 hours of training in massage therapy, you 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. 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.

3. **Examination:** You must submit an Official Examination Score Report from NCTMB or FSMTB.

Reciprocity: If you are licensed in another state you must also successfully complete the jurisprudence examination, with a score of at least 75%. Exam can be found at: <http://www.surveymonkey.com/s/GBQYT9W> When you are finished taking this examination, you will need to print it and mail with application.

4. **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska** (such as nursing, nail technology, massage etc.), you must contact that state and request a verification of your license (**do not send a copy of your license**).

Massage Therapy Application Information

5. **Conviction Information:** If you have **EVER** had a misdemeanor or felony conviction, you are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

You must submit:

- (a) A copy of the court record;
- (b) Your explanation 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 conviction;
- (c) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, all evaluations/discharge summaries; and
- (d) If currently on probation, a letter from your probation officer addressing the terms and current status of your probation.

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

<ul style="list-style-type: none">• MIP• DUI / DWI• Controlled Substance• Open Container• Tobacco Use by Minor• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault• Disorderly Conduct / Disorderly House• Reckless Driving	<ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• Fail to Appear in Court• False Information or Reporting• Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Park Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks• Bad Check
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5. **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska** (such as nursing, nail technology, massage etc.), you must contact that state and request a verification of your license (**do not send a copy of your license**).

STEP 2: Application

- You must complete **ALL SECTIONS** of the application, pages 1-4.

Temp License: If you plan to apply for a temporary license, you must submit the license application, have your supervisor(s) complete page 5 of the application and you must pay both fees (temporary and license fee).

STEP 3: Submit your application to the Licensure Unit

You must submit:

1. Completed application
2. Copies of all documents requested
3. The License Fee

See the license application for a listing of fees.

Pay by check/money order (your cancelled check is your proof of receipt); debit or credit card is not accepted.

Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application.
- If your application **is complete**, you will receive **by e-mail** your 'approval to test' letter.

Contact Information: Licensure Unit, 301 Centennial Mall South, P.O. Box 94986, Lincoln, Nebraska 68509-4986
Telephone: 402-471-4920 / FAX: 402-742-1106 / E-Mail: candy.ryan@nebraska.gov

MESSAGE THERAPY APPLICATION FOR A LICENSE TO PRACTICE

Please print or type

SECTION A: PERSONAL INFORMATION

1	You must print your Legal Name below			
	First:	Middle:	Maiden Name:	Last Name:
	List any other names you are or have been known as (AKA)			
2	Address: (where we can send license and examination information)	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth (Month/Day/Year):		Place of Birth (City/State or COUNTRY):	
4	Phone #: (optional)*		Additional Phone #: (optional)*	
5	E-Mail Address:			
	* phone number and e-mail is optional, but providing this information will speed up communication with you			
6	Check the correct box(s) and provide your number #:	<input type="checkbox"/> Social Security Number (SSN):		
		<input type="checkbox"/> Alien Registration Number ("A#"):		

Neb. Rev. Stat. 38-123 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your # for child support enforcement purposes and to the Department of Revenue, the Department of Labor and for other Administrative purposes.

SECTION B: LICENSE APPLICATION TYPE and FEES

Check all categories that apply:

- Initial License (see chart below for appropriate fee)
- Licensed in Another Jurisdiction (State) – Reciprocity (see chart below for appropriate fee)
- Temporary License – Fee: \$25

FEES: To determine the licensure fee due, see the chart below:

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Numbered Year	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110
Odd Numbered Year	\$110	\$110	\$110	\$110	27.50	27.50	27.50	27.50	27.50	27.50	\$110	\$110

Make payable to: "Licensure Unit"

All Licenses expire November 1st of odd-years

SECTION C: EXAMINATION

- I have enclosed the official score report from NCTMB.
- I have enclosed the official score report from FSMTB.
- I have requested an official copy of my score report be sent to your office.
- I have previously failed the examination on _____ (month/day/year).

Acceptable Licensure Examinations include:

1. The National Certification Examination for Therapeutic Massage and Bodywork (NCETMB), National Certification Examination for Therapeutic Massage (NCETM) or Advanced Certification Examination (ACE) developed by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB); OR
2. The Massage and Bodywork Licensing Examination (MBLEx) developed by the Federation of State Massage Therapy Boards (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.

SECTION D: EDUCATION

School of Massage Therapy Attended:	Name:		
School Address:	Street/PO/Route:		
	City:	State:	Zip:
Date Completed:	Date:	Total # of Hours Completed:	

IF YOU ARE LICENSED IN ANOTHER STATE AND YOUR MASSAGE THERAPY PROGRAM WAS LESS THAN 1,000 HOURS, REVIEW AND COMPLETE THE INFORMATION RELATIVE TO YOUR EXPERIENCE AND/OR EDUCATION:

Reciprocity: An applicant who is licensed in another state and has not completed a total of 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. 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 following licensure as a massage therapist; and/or
- Up to 100 hours obtained from NCBTMB or FSMTB approved continuing education programs.

MASSAGE THERAPY RELATED COLLEGE/UNIVERSITY HOURS: If you are requesting college/university hours be considered towards the 1,000 hours of training in massage therapy, list below the Name of the college/university, Name of Course, Course Number, and Number of Credits earned:

Name of College/University	Course Name	Course #	Credits Earned

FULL-TIME PRACTICE: If you are requesting full-time practice be considered towards the 1,000 hours of training in massage therapy, list below the Name of the Establishment, Telephone Number, and Dates of Full Time Practice as a massage therapist for each employment location:

Name of Establishment	City	State	Telephone #	Date Began	Date Ended

CONTINUING EDUCATION: If you are requesting continuing education be considered towards the 1,000 hours of training in massage therapy, list the name of the program, indicate whether NCBTMB or FSMTB approved and list the date/location of the program:

Name of Program	Check if Approved by NCBTMB FSMTB	# of Hours Completed	Date	City	State

SECTION E: CONVICTION AND LICENSURE INFORMATION

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions (regardless of when they occurred); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Have you EVER been convicted of a misdemeanor or felony?	Type of Crime	Date of Action	Name of Court / Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

- | | |
|--|---|
| <ul style="list-style-type: none"> • MIP • DUI / DWI • Controlled Substance • Open Container • Tobacco Use by Minor • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault • Disorderly Conduct • Disorderly House • Reckless Driving | <ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering • Bad Check • Fireworks |
|--|---|

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

NOTE:

If you have any criminal charges or license disciplinary actions pending that result in a conviction or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at: http://dhhs.ne.gov/Pages/reg_invest-p.aspx or by phone **402-471-0175**.

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held to provide health related services (such as nursing, nail technician, massage, etc.) in a state **other** than Nebraska.

2	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If YES , has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of State Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
3	Have you ever been denied the right to take a license examination in any State?	If yes, please explain below.		
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

NOTE:

If you have disciplinary charges pending on your license in another state or if your license has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

SECTION F: PRACTICE PRIOR TO LICENSE

An individual who practices prior to being issued a license is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or other action as provided in the statutes and regulations.

- No. I **have not** practiced massage therapy in Nebraska without a license.
- Yes. I **have** practiced massage therapy in Nebraska **WITHOUT** a license.

If yes, what are the actual number of days you practiced massage therapy in Nebraska without a license and what is the business name, location and telephone number of the practice:

Number of days:

Name of Business:

City:

Telephone #:

SECTION G: ATTESTATION

Attestation: For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check **ONE** of the boxes below*):

I attest that:

I am a citizen of the United States.

OR

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States.

Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

Application Attestation and Signature: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____

Date: _____

To provide massage therapy services in Nebraska, you must hold a Nebraska active massage therapy license and 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 an establishment license at: <http://www.nebraska.gov/LISSearch/search.cgi>

SECTION H: TEMPORARY LICENSE (complete this section if you want a temporary license)

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.

Reciprocity: 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.

Temporary Applicant completes the following Section: Applicant Name: _____

1 st Supervising Massage Therapist:	First:	Middle:	Last:
License Number:	#:		
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:	State:	Zip:
Establishment License #:	#		

Supervisor(s) complete the following Section:

I hereby state that the foregoing statement is true. I (we) agree to supervise the afore named applicant for a temporary massage therapy license in accordance with the laws of Nebraska and the regulations duly promulgated there under.

Signature of Supervising Massage Therapist _____ date

Signature of Supervising Massage Therapist _____ date

Signature of Supervising Massage Therapist _____ date

NOTE: A temporary license is issued for 60 days and will expire upon receipt of the examination results (pass or fail).