

**LICENSE FEE WAIVER:** If you meet one of the following waiver options, your initial license and temporary license fee **is waived**:

1. **Young Worker:** You are at least 19 and under the age of 26
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
  - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
  - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
  - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

### **INFORMATION FOR MILITARY SPOUSES**

**Temporary License:** If you have an active massage therapy license in another state and you are a military spouse, you may be issued a temporary license pending completion of the permanent license requirements. A temporary license specifically for military spouses is available under Neb. Rev. Stat. 38-129.01 and is issued for a period not to exceed 1-year. Please review the following documents required to obtain a temporary license and those listed for a permanent license to determine which process is right for you.

To apply for this temporary license, you must submit the following:

- The attached application
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska
- A copy of your massage therapy license from another state or jurisdiction
- A copy of the statutes, rules, and regulations governing your license which indicate standards that are similar to Nebraska's massage therapy licensing requirements.

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

## **MESSAGE THERAPY LICENSE IN NEBRASKA - REQUIREMENTS AND PROCESS**

### **STEP 1: Get copies of the following documents:**

**NON-ENGLISH DOCUMENTS.** Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1.  **US Citizenship/Lawful Presence** (must be at **least 19** years old):

**A Driver's License is NOT acceptable.**

**U.S. Citizen, 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.

**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 up to 30 days.

2.  **Education: Request** that your massage therapy 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;
- 200 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.

**Information Relating to Military Education, Training, or Service:**

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

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: <https://www.proprofs.com/quiz-school/story.php?title=mjuzmda1oq9s2f> 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**), you must contact that state and request a verification of your license (**do not send a copy of your license**).

5.  **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. 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.

**If you have convictions, you must submit:**

- (i) If the conviction(s) occurred in a state other than Nebraska, a copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition,;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

**If you had an alcohol and drug evaluation and/or completed treatment**, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

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

**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 the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

**STEP 2: Complete all Pages of the Application**

**Temp License:** If you plan to apply for a temporary license while you are waiting to take the national examination or meet the requirements for a permanent license (does not apply to military spouse) you must submit the license application, have your supervisor(s) complete page 6 of the application and you must pay both fees (temporary and license fee) unless you qualified for a fee waiver.

**STEP 3: Submit your application to the Licensure Unit**

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed Application</li> <li><input type="checkbox"/> Citizenship or Lawful Presence Document</li> <li><input type="checkbox"/> Education Documents</li> <li><input type="checkbox"/> Conviction Records (if you have convictions and they occurred in a state other than Nebraska)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> License Certifications (if licensed in another state)</li> <li><input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). See the license application for a listing of fees for (name of license type). <b>Pay by check/money order; debit or credit card is not accepted.</b></li> </ul> |
|--|--|

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

- If your application **is missing information**, you will be contacted **by e-mail**; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

**Records Retention Schedule:** When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

# MESSAGE THERAPY Application

## License Type

Check all license types that apply:

- Initial License: see chart on page 2 for appropriate fee
- Reciprocity - Licensed in Another State: see chart on page 2 for appropriate fee
- Temporary License – Fee: \$25
- Military Temporary License

## SECTION A: PERSONAL INFORMATION

Enter your **LEGAL NAME** below

|   |  |              |  |
|---|--|--------------|--|
| First Name:   |  | Middle Name: |  |
| Last Name:  |  | Suffix:      |  |
| List any other names you are or have been known as (AKA), including maiden and your last name on your birth certificate.) |  |              |  |

## APPLICANT DEMOGRAPHICS

### Mailing Address

|                                       |  |           |  |
|---------------------------------------|--|-----------|--|
| Country:                              |  | Zip Code: |  |
| Address Line 1:                       |  | City:     |  |
| Address Line 2:                       |  | State:    |  |
| Address Line 3:                       |  | County:   |  |
| Do you have a social security number? | Yes <input type="checkbox"/> No <input type="checkbox"/> | SSN #:    |  |

**Neb. Rev. Stat. §§38-123 and 38-130** requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.

|                       |  |
|-----------------------|--|
| Are you a US Citizen? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-----------------------|--|

|   |   |
|---|---|
| If you are not a U.S. Citizen, list your A# or I-94#: | <input type="checkbox"/> A# <input type="checkbox"/> I-94 # |
|---|---|

|                |  |  |
|----------------|--|--|
| Date of Birth: |  | Place of Birth<br>(City/State or Country): |
|----------------|--|--|

|                 |  |
|-----------------|--|
| E-Mail Address: |  |
|-----------------|--|

|  |                                 |      |
|--|---------------------------------|------|
| Primary Phone Number:                                | <input type="checkbox"/> Mobile |      |
| <input type="checkbox"/> Check box if # Outside U.S. | <input type="checkbox"/> Work   | Ext: |

|  |                                 |      |
|--|---------------------------------|------|
| Secondary Phone Number:                              | <input type="checkbox"/> Mobile |      |
| <input type="checkbox"/> Check box if # Outside U.S. | <input type="checkbox"/> Work   | Ext: |

|   |   |
|---|---|
| <b>Military Spouse:</b> Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in in Nebraska? | Yes <input type="checkbox"/> No <input type="checkbox"/><br>If checked yes and you are applying for a temporary license, you must include all documentation identified in the instructions. |
|---|---|

**FEES**

**A. Fee Waiver:**

If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. **Check only ONE waiver:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
  - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
  - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

**B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:**

Review the following chart to determine the fee required based on the month and year in which your license **will be issued**:

**Pay by check or money order to: Licensure Unit**

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

| YEAR                      | Jan   | Feb   | Mar   | Apr   | May     | June    | July    | Aug     | Sep     | Oct     | Nov   | Dec   |
|---------------------------|-------|-------|-------|-------|---------|---------|---------|---------|---------|---------|-------|-------|
| <b>Even Numbered Year</b> | \$110 | \$110 | \$110 | \$110 | \$110   | \$110   | \$110   | \$110   | \$110   | \$110   | \$110 | \$110 |
| <b>Odd Numbered Year</b>  | \$110 | \$110 | \$110 | \$110 | \$27.50 | \$27.50 | \$27.50 | \$27.50 | \$27.50 | \$27.50 | \$110 | \$110 |

**SECTION B: SCHOOL INFORMATION**

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

You must have your school or electronic transcript service submit the official college or university transcript **directly to our office**.

**Information Relating to Military Education, Training, or Service:**

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

**SECTION C: LICENSES IN A STATE OTHER THAN NEBRASKA**

The following questions relate to a license that you currently hold or have held, to provide health related services in a state **other** than Nebraska.

Have you ever been denied the right to take a license examination in any State? Yes  No

Explain:

|  |
|--|
|  |
|--|

Have you ever been denied the issuance of a license in any state? Yes  No

|                        |  |                       |  |
|------------------------|--|-----------------------|--|
| If yes, what state(s)? |  | What type of license? |  |
|------------------------|--|-----------------------|--|

|          |
|----------|
| Explain: |
|----------|

**Disciplinary Action:** If you have had any disciplinary action(s) taken against your credential, you must submit a copy of the disciplinary action(s), including charges and findings.

Do you hold or have held licenses to provide massage Therapy, health-related services, health services, professional services, or environmental services in another state(s)?

|   |                             |                  |                |                             |  |
|---|-----------------------------|------------------|----------------|-----------------------------|--|
| Yes <input type="checkbox"/>  | No <input type="checkbox"/> | Type of License: |                | State Licensed:             |  |
|   |                             | Type of License: |                | State Licensed:             |  |
| <b>If YES,</b> has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it? |                             | Type of Action   | Date of Action | Name of State Taking Action |  |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/> |                  |                |                             |  |

**Other Licensing Information:** If you currently hold or have held a credential to provide health related services in a state or jurisdiction **other than Nebraska**, you must submit verification of the license(s) even if that license is no longer current.

**SECTION D: RECIPROCITY**

**IF YOU ARE LICENSED IN ANOTHER STATE AND YOUR MASSAGE THERAPY PROGRAM WAS LESS THAN 1,000 HOURS,** 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;
- 200 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.

**MESSAGE THERAPY RELATED COLLEGE/UNIVERSITY HOURS:** If you are requesting college/university hours to 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, attach a copy of each certification of completion.

**SECTION E: CONVICTION INFORMATION**

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

1. Are you currently on court-ordered probation?    Yes     No

(If you marked yes, submit a letter from your probation officer addressing the terms and current status of your probation)

2. Have you **EVER** been convicted of a misdemeanor or felony?    Yes     No

**If yes**, enter **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.

- **You MUST Provide a letter of explanation** for each conviction that you enter below.
- **If your convictions were in a state other than Nebraska**, attach copies of the court documents for each conviction.

| Name of Conviction | Date of Conviction | Name of Court Taking Action |
|--------------------|--------------------|-----------------------------|
|                    |                    |                             |
|                    |                    |                             |
|                    |                    |                             |
|                    |                    |                             |
|                    |                    |                             |
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|                    |                    |                             |

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

**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 the following website <https://dhhs.ne.gov/Pages/Investigations.aspx>** or by phone **402-471-0175**.

**SECTION F: PRACTICE PRIOR TO BEING LICENSED BY NEBRASKA**

An individual who practices in Nebraska prior to issuance of a credential 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 governing body artists.

**No**    **Yes**   Have you practiced Massage Therapy in Nebraska without a Nebraska license?

(does not apply to practicing in a school setting while you were a student)

If yes, what are the actual number of days you practiced in Nebraska without a Nebraska 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 SECTION**

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 **NOT** a citizen of the United States. I am a qualified alien under the federal Immigration and Nationality Act, or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.

I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.

I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

**I further attest that:** I have read the application or have had the application read to me; and I am of good character and 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 the following website: <https://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. 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.

**Temporary Applicant completes the following Information:**

Applicant Name: \_\_\_\_\_

|  |        |         |       |
|--|--------|---------|-------|
| Name of 1 <sup>st</sup> 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 and Address of Establishment where practice will occur: | Name of Establishment: |        |      |
|  | Street/Route:          |        |      |
|  | City:                  | State: | Zip: |
| Establishment License Number:                                | #                      |        |      |

**Supervisor(s) must sign below:**

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

\_\_\_\_\_  
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).