



Mississippi State Board of Massage Therapy
License Renewal Form for Massage Therapist
(FOR ACTIVE LICENSEES AND THOSE WHO HAVE EXPIRED LESS THAN 90 DAYS)

PLEASE NOTE IMPORTANT CHANGES AND FILL OUT CAREFULLY!
Incomplete Or Incorrect Applications Will Not Be Processed Which May Cause Your Renewal To Be Late
With A Late Fee Applied.
YOU MAY NOT PRACTICE AFTER THE EXPIRATION OF YOUR LICENSE UNTIL
RENEWED.

Full legal name as it appears on driver's license or passport:		
Last	First	Middle/ maiden
Date of Birth	Social Security #	LMT #
CURRENT LICENSE EXPIRATION DATE:		Email:
Home Address		
City	State	Zip
Mailing address, if different		
City	State	Zip
Home Phone	Cell Phone	Other Phone
	CPR Certificate Expiration Date <small>(American Heart Association/American Red Cross Approved)</small>	Certification Agency:
	First Aid Certificate Expiration Date <small>(American Heart Association/American Red Cross Approved)</small>	Certification Agency:

IF YOU WISH TO REACTIVATE YOUR STATUS FROM INACTIVE or RETIRED, PLEASE CHECK BELOW.

To reinstate to active status from Inactive status. Must include CEU requirements that would have been applicable had the licensee been on active status. \$250.00 Reapplication Fee plus current License fee applies.

To reinstate to active status from Retired status. Must include CEU requirements that would have been applicable had the licensee been on active status. \$250.00 Reapplication Fee plus current License fee applies.

If your license has been expired for 1 to 90 days, please check here. Late fees will apply.

IF YOU WISH TO ALLOW YOUR LICENSE TO EXPIRE, PLEASE CHECK.

There is no charge to allow your license to expire, however, remember, a re-application fee of \$250.00 is charged when a massage therapist, who has allowed his/her license to expire more than 90 days or become inactive or retire, seeks to return to current status. The re-application fee is always charged in addition to the current renewal fee. See complete copy of Rules & Regulations for all information that will affect your status if you decide later to become licensed. If your license has expired more than 90 days, do not use this form to reapply for a license. You must use form "MT.03 Re-Application for Licensure". After 3 years, you must use Form MT.01 Application for 1st Time Applicant and meet all requirements of a new applicant.

Please list all establishments with complete physical address where you are currently practicing massage therapy. If you are self-employed, please record your name as your business name and enter home physical address. No license will be issued without Business 1 information.		
Business 1 Information: (this one free with your renewal)	Name	Currently have license for this location New location
	Address	
	City	
	State / Zip	
	Phone	
	Contact Name	Website
Business 2 Information:	Name	Currently have license for this location New location
	Address	
	City	
	State / Zip	
	Phone	
	Contact Name	Website

AFFIDAVIT QUESTIONS

#	ANSWER THE FOLLOWING QUESTIONS BY CHECKING 'YES' OR 'NO'	YES	NO
1	Since you last applied for your Mississippi massage therapy license, has a regulatory authority in any state or jurisdiction (including Mississippi) denied you a license or other credential to practice massage or to practice any other licensed profession?		
2	Since you last applied for your Mississippi massage therapy license, has a regulatory authority in any state or jurisdiction (including Mississippi) disciplined you related to the practice of massage or to the practice of any other licensed profession? (Such disciplinary outcome includes, but is not limited to, license restrictions or conditions, probation, fine, or reprimand.)		
3	Since you last applied for your Mississippi massage therapy license, has a regulatory authority in any state or jurisdiction (including Mississippi) suspended, revoked, denied the renewal of, or required you to surrender your Massage Therapy License or other credential, or your license to practice any other profession?		
4	Since you last applied for your Mississippi massage therapy license, have you voluntarily surrendered a license or credential in connection with or to avoid a disciplinary action by a regulatory authority?		
5	Since you last applied for your Mississippi massage therapy license, have you been or are you now a defendant in civil litigation in which the basis of complaint you alleged negligence, malpractice, or lack of professional competence?		
6	Is there currently pending against you in any jurisdiction a complaint against your professional conduct or competence as a massage therapist?		
7	Since you last applied for your Mississippi massage therapy license, have you been convicted or found guilty of a crime in any state or jurisdiction, regardless of adjudication? (Do not include parking or speeding violations.)		
8	Since you last applied for your Mississippi massage therapy license, is there any criminal charge now pending against you? (Do not include parking or speeding violations.)		
9	Since you last applied for your Mississippi massage therapy license, have you been a defendant in a court-martial?		
10	Since you last applied for your Mississippi massage therapy license, have you been declared legally incompetent?		
11	Since you last applied for your Mississippi massage therapy license, have you undergone treatment for the use of drugs, narcotics or intoxicating liquors?		
12	Since you last applied for your Mississippi massage therapy license, have you received treatment for any emotional disturbances, mental disorder or insanity?		
13	If you answered yes to any of the above questions, please provide additional relevant information, dates, jurisdiction (state, county), offense, disposition, circumstances, medical practitioners who treated you or who were consulted (names & addresses). It will be necessary to direct each practitioner or Facility who treated you to furnish the board with any information the board requests with respect to any such treatment. _____ Attached to this form _____ On file in the Board Office.		

To renew a current license, this paper renewal application must be postmarked to the Board at least 30 days prior to your expiration date. If you are renewing a license that has not expired or been placed on 'Retired status' you may renew online up to the date of expiration with no late fee. **We will return any incomplete renewal forms which may cause your application to be late and a \$100.00 late fee will be required. All funds submitted to the Board must be via cashiers check or money order only. Personal or Corporate Checks will be returned that may cause your application to be late.**

▼	Identify those applicable fees in the left column and total where indicated	
\$	\$200.00	Two year License Renewal Fee. Includes a MTC – mobile therapist card.
\$	\$35.00	Paper Renewal Fee for LMT's who renew by paper method (effective 5/31/09). Not required for inactive or retired status
\$	\$25.00	Each additional location (other than one primary) where you perform massage therapy. This information should be listed above on application
\$	\$100.00	Renewal late fee for applications 1 – 30 days late, effective 5/31/2009
\$	\$150.00	Renewal late fee for applications 31– 60 days late, effective 5/31/2009
\$	\$200.00	Renewal late fee for applications 61 – 90 days late, effective 5/31/2009
\$	TOTAL FEE ENCLOSED ON MONEY ORDER OR CERTIFIED CHECK NO. _____	

Note: Application will not be accepted if items are left blank or altered.

I, _____, certify that I am the person described and identified in this application. I attest that I have answered all questions truthfully and completely and that the documentation provided in support of the application is, to the best of my knowledge, accurate. Should I furnish false information in this application I hereby agree that such an act shall constitute cause of denial, restriction, suspension, or revocation of my license to practice as a massage therapist in the State of Mississippi. I further understand the Board may require additional information from me prior to making a determination regarding my application.

The undersigned applicant understands the Board, upon complaint or its own initiative, may make such inquiry and investigation concerning the applicant's character, criminal record and background as the Board deems proper and said applicant further agrees to furnish any additional information requested by the Board and agrees to appear before the Board in person if requested to do so.

I have read and understand the Rules & Regulations, Law (Section 73-67-1 et. Seq. pertaining to Massage Therapist) and the Code of Ethics of the Mississippi State Board of Massage Therapy as contained on the board website www.msmt.state.ms.us as of this date; understand that it is my responsibility to remain current on the above documents and do, by signing this form, certify that I as a Massage Therapist shall remain compliant.

Licensed Massage Therapist Signature

Date

Print Last Name: _____ First _____ Middle/maiden _____

Subscribed and sworn to me before me this _____ day of _____ 20_____

NOTARY SEAL

SIGNATURE OF NOTARY PUBLIC COMMISSION

EXPIRATION

IF YOU HAVE CONTACTED MSBMT AND VERIFIED THAT ALL OF THE REQUIRED CONTINUING EDUCATION HOURS HAVE BEEN PREVIOUSLY REPORTED VIA THE CONTINUING EDUCATION PROVIDER, PLEASE INDICATE BY CHECKING THE BOX TO THE LEFT.

CONTINUING EDUCATION REPORTING FORM (Make copies as needed)		
All Providers and Programs must be approved by the Board to satisfy the 24 CEU's needed each renewal period for Licensure, including 3 hours of MS Law and 3 hours of Ethics. All certificates of attendance should be attached.		
Mississippi Approved Provider Name:		Provider Number:
Title of CEU Program:		Program Number:
Presenter or Instructor	Hours Earned:	Dates:
Mississippi Approved Provider Name:		Provider Number:
Title of CEU Program:		Program Number:
Presenter or Instructor	Hours Earned:	Dates:
Mississippi Approved Provider Name:		Provider Number:
Title of CEU Program:		Program Number:
Presenter or Instructor	Hours Earned:	Dates:
Mississippi Approved Provider Name:		Provider Number:
Title of CEU Program:		Program Number:
Presenter or Instructor	Hours Earned:	Dates:
Mississippi Approved Provider Name:		Provider Number:
Title of CEU Program:		Program Number:
Presenter or Instructor	Hours Earned:	Dates:
Mississippi Approved Provider Name:		Provider Number:
Title of CEU Program:		Program Number:
Presenter or Instructor	Hours Earned:	Dates:
Mississippi Approved Provider Name:		Provider Number:
Title of CEU Program:		Program Number:
Presenter or Instructor	Hours Earned:	Dates:
Mississippi Approved Provider Name:		Provider Number:
Title of CEU Program:		Program Number:
Presenter or Instructor	Hours Earned:	Dates:

Return to: Mississippi State Board of Massage Therapy
Post Office Box 20, Morton, MS 39117