



Mississippi State Board of Massage Therapy

REAPPLICATION LICENSURE FORM

**For License Renewal Form for Massage Therapist
(USED FOR REACTIVATION FROM INACTIVE OR RETIRED OR EXPIRED
STATUS MORE THAN 90 DAYS)**

***YOU MAY NOT PRACTICE AFTER THE EXPIRATION OF YOUR LICENSE UNTIL
MAKING REAPPLICATION FOR LICENSURE.***

This application must go before the MSBMT Board for approval and, if issued, may be up to 45 days from the submission of this completed Re-Application for Licensure.

Incomplete or Incorrect Applications Will Not Be Processed

| | | |
|--|---|-----------------------|
| Full legal name as it appears on driver's license or passport. If your name has changed since last renewal, provide evidence in the form of a marriage license or court document. Otherwise name cannot be changed. | | |
| Last | First | Middle/ Maiden |
| Date of Birth | Social Security # | LMT # |
| MOST RECENT 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 (American Heart Association/American Red Cross Approved) | Certification Agency: |
| | First Aid Certificate Expiration Date (American Heart Association/American Red Cross Approved) | Certification Agency: |

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 if you are not currently employed. A license will be provided you when business is provided. You will; however, receive your Mobile Therapist Card which will provide professional licensure information.**

| | | |
|---|-----------------|--|
| Business 1 Information: (this one free with your renewal) Home address only (no license certificate will be issued) Home business | Name | Previously had a license for this location New location |
| | Address | |
| | City | |
| | State / Zip | |
| | Phone | Website |
| | Contact Name | |
| Business 2 Information: Home address only (no license certificate will be issued) Home business | Name | Previously had a license for this location New location |
| | Address | |
| | City | |
| | State / Zip | |
| | Phone | Website |
| | Contact Name | |

FEE SCHEDULE

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. |
| \$ | \$25.00 | Each additional location (other than one primary) where you perform massage therapy. This information should be listed above on application |
| \$ | \$250.00 | Re-application fee for applications 91 days late OR if you are returning from Inactive or Retired Status. If you have been on Retired status for more than 3 years, you are not required to pay this re-application fee. |
| \$ | TOTAL FEE ENCLOSED ON MONEY ORDER OR CERTIFIED CHECK NO. _____ | |

| # | ANSWER THE FOLLOWING AFFIDAVIT QUESTIONS BY INDICATING '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. | | |

I understand that I must submit an official copy of my appointment book indicating any and all massages performed since my expiration date. Without this information my re-application will be considered incomplete and will not be submitted to the Board for consideration. I also understand that I cannot practice for compensation without an active license. I have attached this required data. YES NO Explain in detail below why no documentation is provided

Attach an additional sheet of paper if necessary to provide your detail.

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

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

NOTARY SEAL

SIGNATURE OF NOTARY PUBLIC COMMISSION

EXPIRATION