



# North Dakota Board of Massage Therapy

P.O. Box 3141, Bismarck, ND 58502-3141

## Application for Licensure by Reciprocity

Name: \_\_\_\_\_  
Last First MI Maiden

Social Security Number: (will remain confidential) \_\_\_\_\_  
*Please provide your social security number, as required by N.D.C.C. 43-50-02. If you cannot provide us with a social security number, please explain why no social security number is provided, including information on your immigration status.* \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street Address City State Zip

Employer Phone: \_\_\_\_\_

### **Educational Information:**

Name of Massage Therapy School Attended: \_\_\_\_\_

School Address: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Total # of Hours Completed: \_\_\_\_\_

### **Licensure Information:**

What state/jurisdiction are you currently license in? \_\_\_\_\_

List any other states/jurisdictions you are currently or have previously been licensed in. \_\_\_\_\_

[Continued on next page.]

\*Are you an active member of, or a spouse of a member of, the armed forces of the United States or a reserve component of the armed forces of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If “yes”, please provide proof of military orders or military spouse status.)

Are any of your current licenses NOT in good standing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(“Yes” answers must be explained in an attached statement.)

Are you under investigation in any other state? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(“Yes” answers must be explained in an attached statement.)

Have you ever been arrested, charged, convicted, pardoned, deferred, or expunged for a misdemeanor or felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(“Yes” answers must be explained in an attached statement. Please also include any relevant court documents.)

**APPLICATION INSTRUCTIONS AND CHECKLIST – in order for your application to be considered complete, you MUST submit the following:**

- Completed application with a money order or cashier’s check (no personal checks are accepted) in the amount of **\$150.00** made payable to the ND Board of Massage Therapy (NDBMT). Do not send cash. \*\*If you are active military or a spouse of an active military member, you are not required to pay the \$150.00 fee.
- Verification of massage therapy license from state(s) currently or previously licensed to practice in. (You must have each state submit a verification of your license to the NDBMT Office. The NDBMT will accept verifications emailed directly from the other state to the NDBMT Office. Verification printed from a state board website is also acceptable if you include website links and any instructions to verify your license on the other board's website. A copy of your license is not sufficient verification!). (State Verification Form is page 3 of this application).
- An official transcript and affidavit from your massage school sent directly to the ND Board of Massage Therapy.
- A copy of a signed Massage School Diploma.
- A copy of the official passing score report from the MBLEX or NCBMTB (NECTM or NCETMB) sent directly from the licensing entity.
- An original Affidavit of Compliance completed by the applicant.
- Recent “passport type” photograph.
- Proof of identity, (ie Driver’s License, state issued ID, Passport) including documentation of any aliases or “also known as”.
- Jurisprudence exam and an original statewide and nationwide criminal history record check. This will be sent to you when all other paperwork is approved.

**Documents must be mailed to the following:**  
**ND Board of Massage Therapy (NDBMT) - P.O. Box 3141 - Bismarck, ND 58502-3141**



# North Dakota Board of Massage Therapy

P.O. Box 3141, Bismarck, ND 58502-3141

## STATE BOARD LICENSE VERIFICATION

### APPLICANT:

Printed Name: \_\_\_\_\_

State Licensed: \_\_\_\_\_ License Number: \_\_\_\_\_

### STATE LICENSING BOARD:

Is/was the applicant named licensed, registered or certified by your Agency or Board to practice Massage Therapy?

Yes  No

Name as it appears on the license, registration or certificate: \_\_\_\_\_

The State of: \_\_\_\_\_ Licensing Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street, City, Zip

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Is the license currently in good standing?  Yes  No

Has the licensee ever been disciplined, on probation, suspended, revoked, or had other action taken against it?

Yes  No

If Yes please provide information regarding any action pending or taken against the individual. Attach documentation.

Type of Exam: (MBLEX, NCBTMB, etc.) \_\_\_\_\_ Date Taken: \_\_\_\_\_

Pass  Fail

Printed name of state agent \_\_\_\_\_ Title \_\_\_\_\_

Signature of state agent: \_\_\_\_\_

Mail this form directly to: North Dakota Board of Massage Therapy  
PO Box 3141  
Bismarck, ND 58502-3141

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