



North Dakota Board of Massage Therapy

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

Application for Licensure by Reciprocity

Name: _____
Last First MI Maiden

Address: _____

City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Date of Birth: _____

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. _____

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. _____

*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? _____
(If "yes", please provide proof of military orders or military spouse status.)

[Continued on next page.]

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, or pled no contest to a misdemeanor or felony? ("Yes" answers must be explained in an attached statement. Please also include any relevant court documents.)
_____ Yes _____ No

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



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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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