

NORTH DAKOTA BOARD OF MASSAGE THERAPY

APPLICATION FOR RENEWAL OF LICENSE

2024/2026 (March 1, 2024 thru February 28, 2026)

MAIL RENEWAL, FEE, & EDUCATION(if you were selected for the CE Audit)

NDBMT PO BOX 3141 BISMARCK, ND 58502-3141

OFFICE USE ONLY

Postmark Date Date Received Amount Check #

MAKE MONEY ORDER or CASHIER'S CHECK PAYABLE TO: NDBMT

(Personal checks are not accepted for payment!)

Even-number license \$200

Late fee \$50

(if application and fee are postmarked on or after March 1, 2024)

LICENSE NO.

NAME

FIRST MIDDLE LAST MAIDEN

HOME ADDRESS

CITY STATE ZIP COUNTY

HOME PHONE E-MAIL

CURRENT PLACE OF BUSINESS (If you have more than one place of business, please attach information to this form.)

BUSINESS ADDRESS

Address City ST Zip County

BUSINESS PHONE

**PERSONAL INFORMATION: If the answer to any of the questions below is "yes", you will be required to provide full details attached to this form. (If you have previously submitted an explanation to the Board, please make note by the question and you do not have to resubmit.) Failure to answer the questions honestly could lead to disciplinary action.

- 1. Are any of your current licenses NOT in good standing?
2. Are you under investigation in any other state?
3. In the past 2 years, have you ever been arrested, charged, convicted, or pled no contest to a misdemeanor or felony?
4. 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?

SIGNATURE: I hereby affirm that I have completed my required hours of continuing education in conformance with NDCC § 43-25-09. If the NDBMT concludes that I have not complied with the requirements set forth in NDCC § 43-25-09, and the NDBMT does not grant an extension or waiver under NDCC § 43-25-09(2)(d), I hereby agree to waive my right to an administrative hearing and appeal pursuant to NDCC ch. 28-32 and agree that the Board may issue an order taking disciplinary action against my license. By signing this document, I am affirming that I am the person who is referred to in this application, that the statements therein are true in every respect, I have not suppressed any information that might affect this application, and that I have read and understood this document.

Signature Date