



North Dakota Board of Massage Therapy

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

Application for License

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:

Have you ever been or are you currently license in another state? _____

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!)
- 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