



North Dakota Board of Massage Therapy

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

Application for License

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 (List if employed as or will be employed as Massage Therapist): _____

Employer Address: _____
Street City State Zip

Employer Phone: _____

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. _____

[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” 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