



APPLICATION FOR CERTIFICATION AS A MASSAGE THERAPIST

State Form 53748 (R10 / 9-17)

Approved by State Board of Accounts, 2017

**STATE BOARD OF MASSAGE THERAPY
PROFESSIONAL LICENSING AGENCY**
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204
 Telephone: (317) 234-8800
 E-mail: pla14@pla.IN.gov
www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$100.00, payable to the Indiana Professional Licensing Agency, in accordance with 847 IAC 2-1-1.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY	
APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
CERTIFICATE NUMBER ISSUED	
DATE CERTIFICATE ISSUED (month, day, year)	

APPLICANT

Attach one (1)
passport type
quality photograph
of yourself taken
within the last
eight (8) weeks.

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION		
Name (last, first, middle, maiden or previous)		Social Security number *
Address (number and street or rural route, city, state, and ZIP code)		
Date of birth (month, day, year)	Place of birth (city, state or foreign country)	
Work telephone number ()	Home telephone number ()	E-mail address (required)
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.)		
<input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641).		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

METHOD OF OBTAINING CERTIFICATION
Please check one.
<input type="checkbox"/> I am applying for certification by examination.
<input type="checkbox"/> I am applying for certification by endorsement. I have an active license or certificate to practice massage therapy in another state.

EDUCATION INFORMATION		
Have you graduated from high school or obtained a GED?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide the information below.</i>		
Name of school	Location (city and state)	Date of diploma / GED (month, day, year)

MESSAGE THERAPY PROGRAM INFORMATION		
APPLICANTS MUST ATTACH AN ORIGINAL OR NOTARIZED COPY OF TRANSCRIPTS OR CERTIFICATE OF COURSE COMPLETION.		
Name of course provider	Date started (month, day, year)	Date completed (month, day, year)
Location (city and state)		Number of hours completed
<input type="checkbox"/> I have completed at least five hundred (500) hours of supervised classroom and hands-on instructions in Massage Therapy in accordance with 847 IAC 1-3-2.		

EXAMINATION INFORMATION
I have passed the (check one):
<input type="checkbox"/> MBLEX <input type="checkbox"/> NCETM <input type="checkbox"/> NCBTMB <input type="checkbox"/> NBCA NCE

OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT

Do you now hold, or have you ever held, a license / certificate / registration / permit to practice or perform any regulated profession by a state licensing board?

Yes No

If yes, list all states below, **including Indiana**, in which you have held license / certification / registration / permit to practice any state regulated profession. Verification of all listed licenses must be submitted directly from the state licensing board.

TYPE OF LICENSE / CERTIFICATE / REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

- Has disciplinary action ever been taken regarding any license, certificate, registration or permit you hold or have held? Yes No
- Have you ever been denied a license, certificate, registration or permit to practice or perform any regulated occupation in any state (including Indiana) or country? Yes No
- Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
 - have you ever been arrested; Yes No
 - have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; Yes No
 - have you ever been convicted of any offense, misdemeanor, or felony in any state; Yes No
 - have you ever pled guilty to any offense, misdemeanor, or felony in any state; or Yes No
 - have you ever pled *nolo contendere* to any offense, misdemeanor, or felony in any state? Yes No
- Are you currently, or have you ever been, listed on a national or state registry of sex offenders? Yes No
- Have you ever been charged with or convicted of prostitution, rape, or any other sexual misconduct? Yes No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant	Date signed (month, day, year)
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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency or the State Board of Massage Therapy, any files, documents, records or other information pertaining to the undersigned, requested by the Agency, the Board or any of its authorized representatives in connection with processing my application for certification.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency or the State Massage Therapy Board, to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Date signed (month, day, year)
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